

ATTACHMENT #10

STATEMENT OF COMPLIANCE WITH AGENCY POLICIES / CERTIFICATION OF APPLICANT

Applicant _____ agrees, should Applicant be selected, to comply with all of the County of San Mateo's policies, including but not limited to insurance and indemnification requirements found or referenced in this RFP.

Date: _____

Signed: _____

Name: _____

(Print)

CERTIFICATION STATEMENT

The undersigned proposer hereby states that by completing and submitting this form he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and agrees that if the County of San Mateo discovers that any information entered herein is false, that shall entitle County of San Mateo, to not consider nor make award or to cancel any award with the undersigned party.

I, the undersigned, hereby certify that I have read and understand this Request for Proposal (RFP), which requires submission of all the Attachments (#1-10) and other submittal items, that I am authorized to submit this proposal on behalf of the Proposer, and that I guarantee complete compliance with all the terms, conditions and stipulations.

Date: _____

Signed: _____

Name: _____

(Print)