STATEMENT OF ASSURANCE, COMPLIANCE AND NON-COLLUSION

STATE OF)
COUNTY OF) SS)
that: (1) The undersigned, Respondent, certifies read and understood. (2) The Respondent herefassurances: (a) The Respondent represents that responsibility for having familiarized itself with the Services, the locality, local conditions, state, and lewell as all applicable statutes, regulations, executive and approved applications; all as may be applicated that may in any manner affect performance requirements, terms, and conditions contained represents that it has correlated its Proposal wire Respondent shall comply with all requirements, this RFI; and (c) The Respondent currently compregulations regarding employment practices, equal performance and any other requirements as may lead to this RFI; and (d) The Respondent has interested in this RFI in arriving at or determining No person associated with Respondent's firm is a CRCOG. Should Respondent, or Respondent must not constitute a conflict of interest in this solicitates officially authorized to represent the firm in whose	by provides the following representations and it has familiarized itself with and assumes full he nature and extent of this RFI, the Scope of ocal laws, ordinances, rules and regulations, as re orders (EOs), circulars, terms and conditions, ble to the Project and the Scope of Services or of the Scope of Services, including, those divides within this RFI. The Respondent further that the requirements of this RFI; and (b) The stipulations, terms and conditions as stated in olies with all Federal, State, and local laws and all opportunities, industry and safety standards, be relevant to the requirements of this RFI; did diffications, requirements, Scope of Services, etc. on the colluded with other respondents possibly grices and conditions to be submitted; and (e) an employee of the State of Connecticut nor of m have any currently existing agreements with that affirm that said contractual arrangements do ation; and (f) Such agent as indicated below, is
NAME OF RESPONDENT COMPANY/ENTITY	
By:Signature (Name and Title)	
Date:	, 2024