

Attachment A

Certification of Proposal – RFP

THERAPEUTIC DAY TREATMENT SERVICES

For

Appomattox County Public Schools

The undersigned respondent, in compliance with your request for proposals for therapeutic treatment services for Appomattox County Public Schools, having examined the specifications and related documents, hereby proposes to furnish all labor in accordance with the specifications.

The respondent certifies that the firm has not combined, conspired, or agreed to intentionally rig, alter, or otherwise manipulate or to cause to be rigged, altered, or otherwise manipulated this proposal for the purpose of allocating purchases or sales to or among persons, raising or otherwise fixing the prices of the goods or services or excluding other persons from dealing with the school division.

THE FIRM OF: _____

Address: _____

Hereby declares its ability to provide and agrees to provide the services as described in this request for proposal as directed and authorized by ACPS.

Person to contact regarding this proposal:

Name: _____

Title: _____ Phone: _____ Fax: _____

Email Address: _____

Name of person authorized to bind the Firm: _____

Signature: _____