

**QUOTE CERTIFICATION
FORM RFQ #2024-101**

Submitted by: _____
(Must be entity's full legal name, and State of Formation)

Each Quoter must read, complete, and submit a copy of this Quote Certification with their Quote. Failure to do so may result in rejection of the Quote. By signature on this Quote Certification, the undersigned certifies that they are authorized to act on behalf of the Quoter and that under penalty of perjury, the undersigned will comply with the following:

SECTION I. NON-DISCRIMINATION: That the Quoter has not and will not discriminate in its employment practices with regard to race, color, creed, age, religious affiliation, sex, marital status, disability, sexual orientation, gender identity, national origin, veteran status, or any other protected class. Nor has Quoter or will Quoter discriminate against a subcontractor in the awarding of a subcontract because the subcontractor is a disadvantaged business enterprise, a minority-owned business, a woman-owned business, a business that a service-disabled veteran owns or an emerging small business that is certified under ORS 200.055.

SECTION II. CONFLICT OF INTEREST: The undersigned hereby certifies that no officer, agent or employee of Ride Connection is personally interested, directly or indirectly, in any resulting contract from this RFQ, or the compensation to be paid under such contract, and that no representation, statements (oral or in writing), of the Ride Connection, its officers, agents, or employees had induced Quoter to submit this Quote. In addition, the undersigned hereby certifies that this proposal is made without connection with any person, firm, or corporation submitting a proposal for the same material, and is in all respects fair and without collusion or fraud.

SECTION III. COMPLIANCE WITH SOLICITATION: The undersigned further agrees and certifies that they:

1. Have read, understand, and agree to be bound by and comply with all requirements, instructions, specifications, terms, and conditions of the RFQ (including any attachments); and
2. Are an authorized representative of the Quoter, that the information provided is true and accurate, and that providing incorrect or incomplete information may be cause for rejection of the Quote or contract termination; and
3. Will furnish the designated item(s) and/or service(s) in accordance with the RFQ and Quote.

Name: _____ Date: _____

Signature: _____ Title: _____

Email: _____ Phone: _____

State Business Registry Number: _____ OR CCB # (if applicable): _____

Quoter Primary Point of Contact (Coordination during process and for award information):

Name: _____

Email: _____

Phone: _____

Business Designation (check one):

- Corporation
- Partnership
- Sole Proprietorship
- Non-Profit
- Limited Liability Company

Minority (MBE), Women (WBE), Service-Disabled Veteran (SDV), and Emerging Small Business (ESB):

Certified by the State of _____ (provide certification number as applicable):

- MBE
- WBE
- SDV
- ESB

Self-identified (check as applicable):

- MBE
- WBE
- SDV
- ESB