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| Offeror Name:       |
| Solicitation/Prime Contract No: [Insert applicable number, to include Task/Delivery Order number if applicable] |
| CHECK ONLY ONE BOX BELOW |
| [ ]  OCI REPRESENTATION STATEMENTOfferor hereby certifies that Offeror’s performance of its obligations under any subcontract that may be issued as a result of this Request for Proposal will not be biased because of its financial, contractual, organizational or other interests which relate to the proposed work; Offeror will be able to render impartial, technically sound, and objective assistance or advice; and Offeror will not obtain any unfair competitive advantage over other parties by virtue of its performance of the proposed subcontract.  |
| [ ]  OCI DISCLOSURE STATEMENTOfferor hereby certifies that the circumstances as to why Offeror cannot make the foregoing “OCI Representation Statement” certification are fully disclosed on the attached       page(s) and formatted to show:1. For ease of presentation, divide following data into four parts: Organizational, contractual, financial, other;
2. The company, agency, organization in which you have a past, present, or currently planned interest or activity (financial, contractual, organizational, or otherwise);
3. A brief description of relationship;
4. A period of relationship;
5. The extent of relationship (e.g., value of financial interest of work; percent of total holdings, total work, etc.)
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| The Offeror shall provide immediate written notice to SAIC if, at any time prior to contract award, the Offeror learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances. This certification concerns a matter within the jurisdiction of an agency of the United States.  The making of a false, fictitious or fraudulent certification may render the maker subject to prosecution under 18 U.S.C. § 1001.By signing below, I represent that I am a company official with authority to complete this form, and certify that the information submitted herein is current, accurate and complete.  |
|       |       |       |
| Signature | Printed Name and Title of Person Authorized to Bind Offeror | Date |