**Connecticut Department of Administrative Services, Construction Services (DAS/CS)**

**Office of Legal Affairs, Policy & Procurement**

**450 Columbus Boulevard, Suite 1307**

**Hartford, Connecticut 06103**

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| **Disclosure Affidavit** |
| **Contract Number:** | **Insert DAS/CS Contract Number** |
| **Project Number:** | **Insert DAS/CS Project Number** |
| **Project Title:** | **Insert DAS/CS Project Title. If this is for an on-call contract, use Contract Title in place of Project Title** |
|  |
| I, | **Insert name of person authorized in Certificate (of Authority)** | , acting in behalf of  | **Insert exact legal name of firm** | , of which I am |
| (the)(a) | **Insert same title as used in Certificate (of Authority)** | , submitting a proposal for the DAS Construction Services Project Number |
| **Insert DAS/CS Project/Contract Number** | for | **Insert DAS/CS Project/Contract Title** | , (Project name) certify  |
| and affirm, under penalty of false statement, that neither I nor | **Insert exact legal name of firm** | , |
| nor any of the employees or agents(s) of  | **Insert exact legal name of firm** |  |
| have communicated with any public official or public employee concerning DAS/CS Project No.  | **Insert DCS Project/Contract Number** | for |
| **Insert DAS/CS Project/Contract Title** | prior to the date that the Request for Qualifications (RFQ) |
| for such project was advertised and up to the date of the notification of selection, except for those communications that conformed |
| to the terms of the Request for Proposal for the Project. |
|  |
|  | **Insert name of person authorized in Certificate (of Authority)** |
|  | Name of proposer, i.e., person or organization |
|  | **Title must be the same as used in Certificate (of Authority)** |
|  | Signature and title of official |
|  |
| Sworn and subscribed before me on this: | **Insert Numerical Day** | day of  | **Insert Month** | , | **Insert Year** |
| **Insert Notary Public/Commissioner of the Superior Court** | **Notary Public should impress seal if Notary Public has one.** |
| Notary Public/Commissioner of the Superior Court |  |
|  |  |
|  |  |
| My Commission expires: | **Insert date commission expires** |  |