ATTACHMENT E – NON-COLLUSION AFFIDAVIT

State of:_____

County of:_____

I state that I am _____ of _____
(Title) (Vendor Name)
and that I am authorized to make this Affidavit on behalf of my firm, and its owners, Directors and Officers. I am the person responsible in my firm for the price(s) and the amounts of this Bid.

I state that:

1. The price(s) and amount of this Bid have been arrived at independently and without consultation, communication, or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other Bidder or with any competitor.

2. Unless otherwise required by law, the prices which have been quoted in this offer have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to opening of this advertised bid directly or indirectly to any other Bidder or to any competitor.

3. No attempt has been made or will be made by the Bidder to induce any firm or person to refrain from proposing on this contract, or to submit a Proposal higher than this Bid, or to submit any intentionally high or noncompetitive Bid or other form of complementary Bid.

4. _____, its affiliates, subsidiaries, officers,
(Vendor Name)
directors and employees are not currently under investigation by any governmental agency and have not in the last three years been convicted or found liable for any act prohibited by State or Federal Law in any jurisdiction, involving conspiracy or collusion with respect to bidding or proposing on any public contract except as follows:

_____

_____

_____

_____

_____

_____

(Attestation on following page)

I state that _____ understands
(Vendor Name)
and acknowledges that the above representations are material and important and will be relied on by CBS Food Program and its participating members in awarding the contract(s) for which this Proposal is submitted. My firm and I understand that any misstatement in this Affidavit is and shall be treated as fraudulent concealment from CBS Food Program and its participating members of the true facts relating to the submission of Proposals for this contract.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____,20_____ _____ Notary Public _____ My Commission Expires	Signature: _____ Name: _____ Title: _____