

# ATTACHMENT D

## HALIFAX HEALTH MEDICAL CENTER

### PROPOSER'S CERTIFICATION

I/We hereby certify that:

A. A complete set of proposal papers, as intended, has been received, and I/We will abide by the contents and/or information received and/or contained herein.

B. I/We have not entered into any collusion or other unethical practices with any person, firm, or employee of Halifax Health which would in any way be construed as unethical practice.

C. I/We comply with all current federal, state and local laws, statutes, rules, and regulations referencing equal opportunity employment practices.

D. I/We have adopted a written sexual harassment policy which is in accordance with the requirements of federal, state and local laws, regulations and policies.

E. I/We will abide by all other federal, state and local codes, rules, regulations, ordinances and statutes.

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DISTRICT/STATE/ZIP CODE \_\_\_\_\_

NAME OF CORPORATE/COMPANY OFFICIAL \_\_\_\_\_  
(PLEASE TYPE OR PRINT CLEARLY)

TITLE \_\_\_\_\_

AUTHORIZED REPRESENTATIVES SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

**HALIFAX HEALTH MEDICAL CENTER**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

**PROPOSER'S TAX CERTIFICATION**

\_\_\_\_\_(PROPOSERS AUTHORIZED REPRESENTATIVE),  
being first duly sworn on oath, deposes and states that all statements made herein are made on behalf of the Proposer, that this respondent is authorized to make them and that the statements contained herein are true and correct. Proposer deposes, states and certifies that Proposer is not barred from contracting with any unit of local government in the State of Florida as result of a delinquency in payment of any tax administered by the Florida Department of Revenue unless Proposer is contesting, in accordance with the procedures established by the appropriate statute, its liability for the tax or the amount of the tax.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

By \_\_\_\_\_  
(Authorized Representative Signature)

\_\_\_\_\_  
(Print Name of Authorized Representative)

\_\_\_\_\_  
(Title)

**ATTEST/WITNESS:**

By \_\_\_\_\_

Title \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_  
Notary Public

(SEAL)