

## DISCLOSURE OF PRIOR NON-RESPONSIBILITY DETERMINATIONS

Please disclose finding of non- responsibility made in the history of your Firm. This document must accompany each Bid Form, Letter of Interest or Proposal submitted by all Offerers.

Name of Individual/Entity seeking to enter into the Procurement Contract: \_\_\_\_\_

Official Address: \_\_\_\_\_

Name and Title of Person submitted this form: \_\_\_\_\_

1. Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement Contract? (Please circle) No Yes

**If yes, please answer the following questions.**

2. Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Government entity? (Please circle) No Yes

Basis of finding of non- responsibility: \_\_\_\_\_

3. Was the basis for the finding of non-responsibility due to a violation of a state finance law?  
If Yes, please provide details below and attach additional pages as necessary.

Governmental Entity: \_\_\_\_\_ Date of Termination/Withholding of Contract: \_\_\_\_\_

4. If you answered Yes to any of the above questions, please provide details regarding the finding of non-responsibility below and attach additional pages as necessary.

Governmental Entity: \_\_\_\_\_ Date of finding of non- responsibility: \_\_\_\_\_

Basis of finding of non- responsibility: \_\_\_\_\_

5. Has any governmental entity or other Governmental agency terminated or withheld a Procurement contract with the above-named individual or entity due to the intentional provision of false or incomplete information? (Please circle) No Yes

6. If Yes, please provide details below and attach additional pages as necessary.

Governmental Entity: \_\_\_\_\_ Date of Termination/Withholding of Contract: \_\_\_\_\_

Basis of Termination or Withholding: \_\_\_\_\_

Offeror certifies that all information provided to the Lowcountry Area Agency on Aging is complete, true and correct.

\_\_\_\_\_  
Signature of Signatory Official (in **blue** ink)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name of Signatory Official

\_\_\_\_\_  
RFP Title