

ATTACHMENT III

CERTIFICATION STATEMENT

The undersigned hereby acknowledges she/he has read and understands all requirements and specifications of the Request for Proposals (RFP), including attachments.

OFFICIAL CONTACT. iMMAP requests that the Proposer designate one person to receive all documents and the method in which the documents are best delivered. Identify the Contact name and fill in the information below:

Date:

Official Contact Name: _

A. E-mail Address: _

B. US Mail Address (if applicable): _

Proposer certifies that the above information is true and grants permission to iMMAP to contact the above named person or otherwise verify the information provided.

By its submission of this proposal and authorized signature below, Proposer certifies that:

- (1) The information contained in its response to this RFP is accurate;
- (2) Proposer complies with each of the mandatory requirements listed in the RFP and will meet or exceed the functional and technical requirements specified therein;
- (3) Proposer accepts the procedures, evaluation criteria, and all other administrative requirements set forth in this RFP.
- (4) Proposer's quote is valid for at least ninety days from the date of proposer's signature below;
- (5) Proposer understands that if selected as the successful proposer, the Proposer will have five (5) business days from the date of delivery of final contract in which to complete

contract negotiations, if any, and execute the final contract document.

Authorized Signature: _

Typed or Printed Name: _

Title: _

Company Name: _

Address: _

City: