



**AFFIDAVIT for  
CERTIFICATION REGARDING DEBARMENT, SUSPENSION,  
INELIGIBILITY AND VOLUNTARY EXCLUSION MATTERS**

This affidavit for certification is required of CCKids potential/current subcontractors as an additional contract provision contained in the contract between CCKids and the State of Florida, Department of Children & Families (Contract ZJK85). This certification furthermore meets the requirement of the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' Responsibilities. The guidelines were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

1. Being an authorized contract signatory authority representing my organization, I hereby affirm and attest to the best of my knowledge and belief, on behalf of my agency, that the below statements are true and correct. My organization certifies that it and its principals:
  - ☒ are not presently, and/or have not been within the past 5 years, barred, proposed for debarment, suspended, declared ineligible, or otherwise prohibited or voluntarily excluded from doing business with CCKids or any government entity;
  - ☒ are not presently or have not, within a three-year period preceding this proposal/service contract, been criminally and/or civilly charged by CCKids or a government entity (Federal, State, or local) with, indicted for, convicted of, had one or more public transactions terminated for cause or default as a result of, or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction and/or a violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - ☒ are not under investigation or indictment for criminal conduct, or have been convicted of any crime which would adversely reflect on their ability to provide services to vulnerable populations, including, but not limited to, abused or neglected children, or which adversely reflects their ability to properly handle public funds;
  - ☒ are not currently involved, or have been involved within the last 5 years, with any litigation, regardless of whether as a plaintiff or defendant, which might pose a conflict of interest to CCKids, the State of Florida, Department of Children & Families, the state or its subdivisions, or a federal entity providing funds to the State of Florida, Department of Children & Families or CCKids;
  - ☒ have not had a contract terminated by CCKids or the State of Florida, Department of Children & Families for a failure to satisfactorily perform or for cause; or
  - ☒ have not failed to implement a corrective action plan approved by CCKids, the State of Florida, Department of Children & Families or any other governmental entity, after having received due notice.
2. Where the organization is unable to certify to any of the statements in this certification, such an organization shall attach an explanation to this certification. Subsequently, the organization shall provide immediate written notice to the CCKIDS Contract Manager at any time the agency learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. If it is later determined that the signer knowingly rendered an erroneous certification, then CCKids, the Federal and/or State Government may pursue available remedies, including suspension and/or debarment.

\_\_\_\_\_  
Name of Certifying Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Official Name of Organization/Agency/CONTRACTOR

\_\_\_\_\_  
Address of Organization/Agency/CONTRACTOR

**State of Florida**

**County of** \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ [day of month] day of \_\_\_\_\_ [month], 20 \_\_\_\_\_ [year].

In witness hereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
(Signature of NOTARY PUBLIC, STATE OF FLORIDA)

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

My Signature, as a Notary Public, verifies the affiant's identification has been validated by

Personally Known: \_\_\_\_\_ OR Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_