



BL063-22 Liferay Digital Experience Platform (DXP) Enterprise Subscription and Support on an Annual Contract

**CONTRACTOR AFFIDAVIT AND AGREEMENT
(THIS FORM SHOULD BE FULLY COMPLETED AND RETURNED WITH YOUR SUBMITTAL)**

By executing this affidavit, the undersigned contractor verifies its compliance with The Illegal Immigration Reform Enhancements for 2013, stating affirmatively that the individual, firm, or corporation which is contracting with the Gwinnett County Board of Commissioners has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security] to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act, in accordance with the applicability provisions and deadlines established therein.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services or the performance of labor pursuant to this contract with the Gwinnett County Board of Commissioners, contractor will secure from such subcontractor(s) similar verification of compliance with the Illegal Immigration Reform and Enforcement Act on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the Gwinnett County Board of Commissioners at the time the subcontractor(s) is retained to perform such service.

543163 _____ 5/16/2012 _____
E-Verify * User Identification Number Date Registered

Zones, LLC _____
Legal Company Name

1102 15th Street SW _____
Street Address

Auburn, WA, 98001-6524 _____
City/State/Zip Code

Manu Anand _____ 6/3/2022 _____
manu anand (Jun 3, 2022 22:34 EDT) Date

BY: Authorized Officer or Agent
(Contractor Signature)

Global Director, WinCenter _____
Title of Authorized Officer or Agent of Contractor

Manu Anand _____
Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

For Gwinnett County Use Only:
Document ID # _____
Issue Date: _____
Initials: _____

Notary Public
My Commission Expires: _____

* As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is "E-Verify" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).



June 3, 2022

Bid Name/#: ITB #BL063-22 - Liferay Digital Experience Platform (DXP) Enterprise Subscription and Support
Due Date: June 7, 2022

Dear Dana Garland,

Out of concern for the health and safety of our team members, clients, partners, and the communities in which we work, our company has adopted a policy of limiting personal contact during the COVID-19 outbreak as per CDC recommendations, and guidelines being implemented by our local and state governments. COVID, and its aftermath, have significantly impacted work forces and now more employees than ever are working virtually.

Thank you for waiving off ink signature and notarization requirement set forth in the bid, and allowing Zones, LLC to submit our response with electronic signatures. These would be items that do not materially affect the content and pricing. We will be happy to submit a verifiable, secure electronically signed document via FedEx by the Due Date provided.

We appreciate your understanding and look forward to your decision.

Thank you.

Regards,

*Saul Khan
Account Executive
253-205-3180*



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CODE OF ETHICS AFFIDAVIT

(THIS FORM SHOULD BE FULLY COMPLETED AND RETURNED WITH YOUR SUBMITTAL AND WILL BE REQUIRED PRIOR TO EVALUATION)


In accordance with Section 54-33 of the Gwinnett County Code of Ordinances the undersigned bidder/proposer makes the following full and complete disclosure under oath, to the best of his/her knowledge, of the name(s) of all elected officials whom it employs or who have a direct or indirect pecuniary interest in or with the bidder/proposer, its affiliates or its subcontractors:

1. Link Development North America LLC
(Company Submitting Bid/Proposal)

2. (Please check one box below)
 No information to disclose *(complete only section 4 below)*
 Disclosed information below *(complete section 3 & section 4 below)*

3. (if additional space is required, please attach list)

Gwinnett County Elected Official Name	Gwinnett County Elected Official Name
Gwinnett County Elected Official Name	Gwinnett County Elected Official Name

4. BY: 
Authorized Officer or Agent Signature
Ahmed ElQuosey
Printed Name of Authorized Officer or Agent

Sworn to and subscribed before me this _____ day of _____, 20____

Notary Public

SEE ATTACHED CALIFORNIA NOTARIAL FORM

(seal)

Senior Vice President North America
Title of Authorized Officer or Agent of Contractor

Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at www.gwinnettcounty.com

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of Orange)

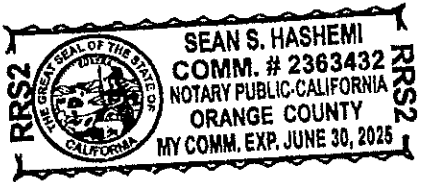
On June 02, 2022 before me, Sean S. Hashemi-Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Ahmed Elgousey
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Code of Ethics Affidavit

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: NO Other Signer

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

Corporate Officer — Title(s): _____

Partner — Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer Is Representing: _____

Signer's Name: _____

Corporate Officer — Title(s): _____

Partner — Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer Is Representing: _____