

Forms and Attachments

Service Provider Information

RP024-19

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Failure to return this page as part of the proposal document may result in rejection of proposal.

SERVICE PROVIDER INFORMATION

Please include this page as part of the proposal document and **NOT** with the Fee Proposal

Service Provider has examined the proposal package, and following addenda:

No. <u>1</u>	Dated <u>8/6/2019</u>	No. _____	Dated _____
No. _____	Dated _____	No. _____	Dated _____
No. _____	Dated _____	No. _____	Dated _____
No. _____	Dated _____	No. _____	Dated _____

Termination for Cause: The County may terminate this agreement for cause upon ten days prior written notice to the service provider of the service provider's default in the performance of any term of this agreement. Such termination shall be without prejudice to any of the County's rights or remedies by law.

Termination for Convenience: The County may terminate this agreement for its convenience at any time upon 30 days written notice to the service provider. In the event of the County's termination of this agreement for convenience, the service provider will be paid for those services actually performed. Partially completed performance of the agreement will be compensated based upon a signed statement of completion to be submitted by the service provider, which shall itemize each element of performance.

In compliance with the attached specifications, the undersigned offers and agrees, if this quote is accepted by the Board of Commissioners within one hundred twenty (120) days of the date of proposal opening, to furnish any or all of the items upon which prices are quoted, at the price set opposite each item, delivered to the designated point(s) within the time specified in the fee schedule.

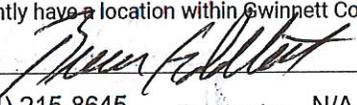
Certification of Non-Collusion in Proposal Preparation  8/12/2019
Signature Date

Legal Business Name Avertra Corp
(If your company is an LLC, you must identify all principals to include addresses and phone numbers in your submittal)

Federal Tax ID 26-0350516

Address 580 Herndon Parkway, Suite 300, Herndon, VA 20170

Does your company currently have a location within Swinnett County? Yes No

Representative Signature  Printed Name Bruce Goldblatt

Telephone Number (214) 215-8645 Fax Number N/A E-mail address bgoldblatt@avertra.com



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. Rimini Street, Inc. _____ (Company Submitting Bid/Proposal)
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2. (Please check <input checked="" type="checkbox"/> one box below)
<input checked="" type="checkbox"/> No information to disclose <i>(complete only section 4 below)</i>
<input type="checkbox"/> Disclosed information below <i>(complete section 3 & section 4 below)</i>

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.	Sworn to and subscribed before me this
BY: <u></u>	_____ day of _____, 20__
Authorized Officer or Agent Signature	
Thomas B. Sabol	
Printed Name of Authorized Officer or Agent	Notary Public
SVP and Chief Financial Officer	<i>See Attached Acknowledgment</i>
Title of Authorized Officer or Agent of Contractor	(seal)

Note: See Gwinnett County Code of Ethics Ordinance E02011, Sec. 54-33. The ordinance will be available to view in its' entirety at www.gwinnettcounty.com



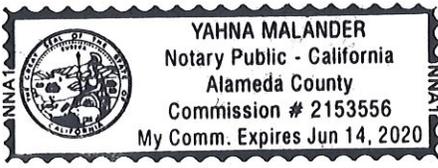
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

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 Alameda }
On 8.8.19 before me, Yahna Malander, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Tom Sabol
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 and/or Stamp Above

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: _____
Document Date: _____ Number of Pages: _____
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____ Signer's Name: _____
 Corporate Officer – Title(s): _____ Corporate Officer – Title(s): _____
 Partner – Limited General Partner – Limited General
 Individual Attorney in Fact Individual Attorney in Fact
 Trustee Guardian of Conservator Trustee Guardian of Conservator
 Other: _____ Other: _____
Signer is Representing: _____ Signer is Representing: _____

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. (Company Submitting Bid/Proposal) SPINNAKER SUPPORT, LLC.

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. Sworn to and subscribed before me this

BY: Kurt Moydell 30th day of July, 2019
Authorized Officer or Agent Signature

Kurt Moydell
Printed Name of Authorized Officer or Agent

SVP
Title of Authorized Officer or Agent of Contractor

Annie M. Putz
Notary Public

ANNIE M. PUTZ
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20124045198
MY COMMISSION EXPIRES 07/23/2020

(Seal)

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

