

STANDARD AFFIRMATION AND DISCLOSURE FORM -EXECUTIVE ORDER 2019-12D
Governing the Expenditure of Public Funds on Offshore Services

By the signature affixed hereto, Contractor affirms, understands and will abide by the requirements of Executive Order 2019-12D. Both Contractor and any of its subcontractors shall perform no services under any contract with the Department of Developmental Disabilities outside of the United States.

The Contractor shall provide all the name(s) and location(s) where services under any contract with the Department of Developmental Disabilities will be performed in the spaces provided below or by attachment. Failure to provide this information may subject the Contractor to sanctions. If the Contractor will not be using subcontractors, indicate "Not Applicable" in the appropriate spaces.

1. Name/Principal location of Contractor:

(Name) (Address, City, State, Zip)

2. Name/Principal location of subcontractor(s):

(Name) (Address, City, State, Zip)

(Name) (Address, City, State, Zip)

3. Location(s) where services will be performed by Contractor or by subcontractors if different from principal location(s):

(Address, City, State, Zip)

(Address, City, State, Zip)

4. Location where state data will be stored, accessed, tested, maintained or backed-up, by Contractor or subcontractors if different from principal location(s):

(Address, City, State, Zip)

(Address, City, State, Zip)

Contractor affirms that Contractor and all subcontractors shall immediately disclose to the Department of Developmental Disabilities any change or shift in location of services performed by Contractor or subcontractors after execution of any Contract with the Department. On behalf of the Contractor, I am duly authorized to execute this Affirmation and Disclosure form and have read and understand that this form is a part of any Contract that Contractor may enter into with the Department and is incorporated therein.

By: _____

Contractor Signature

Printed Name and Title

Date: _____