

ACKNOWLEDGEMENT OF ETHICS IN PROCUREMENT POLICY

I, the undersigned, hereby acknowledge that:

- A. I have received, read, and understand the Georgia Department of Community Health’s Ethics In Procurement Policy;
- B. I agree to comply with each provision of the Georgia Department of Community Health’s *Ethics In Procurement Policy*;
- C. I am a (please check which applies):
 - GRANTEE
 - Subcontractor
 - Vendor

Authorized Signature*

Date

Print Name

AFFIX CORPORATE SEAL HERE
(Corporations without a seal, attach a
Certificate of Corporate Resolution)

ATTEST: _____
SIGNATURE**

Date

TITLE

* Must be President, Vice President, CEO or Other Authorized Officer
**Must be Corporate Secretary