

PALOMAR HEALTH RFQ – ATTACHMENT B
NON-COLLUSION DECLARATION
(TO BE EXECUTED BY GENERAL CONTRACTOR AND SUBMITTED WITH SOQ)

PUBLIC CONTRACT CODE SECTION 7106

The undersigned declares:

I am the _____ of _____, the party making the foregoing Statement of Qualifications ("SOQ") for the above-referenced Request for Qualifications issued by Palomar Health.

The SOQ is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation. The SOQ is genuine and not collusive or sham.

The Respondent has not directly or indirectly induced or solicited any other proposer to submit a false or sham SOQ. The Respondent has not directly or indirectly colluded, conspired, connived, or agreed with any proposer or any other party to submit a sham SOQ, or to refrain from submitting a response.

The Respondent has not, in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix any element of its proposal, including overhead, profit, or cost components, or to influence any other proposer's response.

All statements contained in the SOQ are true and correct. The Respondent has not directly or indirectly submitted its proposal contents, or divulged information or data relative thereto, to any corporation, partnership, company, association, organization, proposal depository, or any member or agent thereof, for the purpose of effectuating a collusive or sham response, and has not paid and will not pay any person or entity for such purpose.

Any person executing this declaration on behalf of a corporation, partnership, joint venture, limited liability company, limited liability partnership, or other entity represents that he or she has full authority to execute this declaration on behalf of the Respondent.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on _____,
at _____, CITY _____, STATE _____.

Date: _____

Company: _____

Signature: _____

Print Name: _____

Title: _____