

**ATTACHMENT 2**  
**COVER PAGE – OFFEROR ATTESTATION**

The proposal cover page must be signed and returned.

The signature affixed hereon and dated certifies compliance with all the requirements of the solicitation.

1. Company Name	2. Telephone Number ( )	2a. Company Website
3. Address		
Indicate your organization type:		
4. <input type="checkbox"/> Sole Proprietorship	5. <input type="checkbox"/> Partnership	6. <input type="checkbox"/> Corporation
Indicate the applicable employee and/or corporation number:		
7. Federal Employee ID No. (FEIN)	8. California Corporation No.	
9. Indicate applicable license and/or certification information:		
10. Offeror's Name and Title (Print)	11. Email Address	
12. <b>Signature</b>	13. Date	
14. Are you certified with the Department of General Services, Office of Small Business and DVBE Certification (OSDS) as:		
a. California Small Business	b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input type="checkbox"/>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, enter your service code below:	
If yes, enter certification number:		
_____	_____	
<b>NOTE:</b> A copy of your Certification is required to be included if either of the above items is checked <b>"Yes"</b> .		
Date application was submitted to OSDS, if an application is pending:		