## N.J.S.A. 52:34-13.2 SOURCE DISCLOSURE CERTIFICATION FORM

Bidder: \_\_\_\_\_ RFP Title/Solicitation Number: \_\_\_\_\_

I hereby certify and say:

I have personal knowledge of the facts set forth herein and am authorized to make this Certification on behalf of the Bidder.

The Bidder submits this Certification as part of a bid proposal in response to the referenced solicitation issued by the State of New Jersey, Department of the Treasury, Office of Management and Budget, Cash Management Unit in accordance with the requirements of N.J.S.A. 52:34-13.2.

The following is a list of every location where services will be performed by the bidder and all subcontractors.

Bidder or Subcontractor Description of Services Performance Location[s] by Country

Any changes to the information set forth in this Certification during the term of any contract awarded under the referenced solicitation or extension thereof will be immediately reported by the Vendor to the State of New Jersey, Department of the Treasury, Office of Management and Budget, Cash Management Unit, P.O. Box 221, Trenton, New Jersey 08625.

I understand that, after award of a contract to the Bidder, it is determined that the Bidder has shifted services declared above to be provided within the United States to sources outside the United States, prior to a written determination by the Treasurer, that the services can not be performed in the United States, the Bidder shall be deemed in breach of contract, which contract will be subject to termination for cause.

I further understand that this Certification is submitted on behalf of the Bidder in order to induce the Treasurer to accept a bid proposal, with knowledge that the State of New Jersey, Department of the Treasury, Office of Management and Budget, Cash Management Unit, is relying upon the truth of the statements contained herein.

I certify that, to the best of my knowledge and belief, the foregoing statements by me are true. I am aware that if any of the statements are willfully false, I am subject to punishment.

Bidder:		
	[Name of Organization or Entity]	
Ву:	Title:	
Print Name:	Date:	

PENSIONS ACH 2019