ATTACHMENT #2
RESPONDER COVER LETTER & CERTIFICATION

1) Identification of Tribe submitting this response to Request for Qualifications:
   a) Name of Tribe
   b) Address of Tribe
   c) Phone number
   d) e-mail address

2) Person authorized to execute an agreement for the Tribe:
   a) Name of individual
   b) Title of individual
   c) e-mail address of individual

3) Provide applicable identification numbers:
   a) Federal Employee Identification Number (FEIN):
   b) California Corporation Number:

4) Tribe maintains a written Illness and Injury Prevention Program:
   a) Yes ☐ No ☐

5) Tribe maintains a liability insurance policy with a policy limit of minimum $1,000,000 per occurrence:
   a) Yes ☐ No ☐

6) Tribe maintains a workers' compensation insurance policy as required by the Labor Code or is legally self-insured pursuant to Labor Code Section 3700 et. seq.:
   a) Yes ☐ No ☐

7) Is the Tribe certified with the Department of General Services, Office of Small Business & Disabled Veteran Business Enterprises (DVBE) (OSDS) as either a Certified Small Business or DVBE?
   a) Yes ☐ No ☐
   b) If yes, provide certification number:
   c) If application is pending, date application was submitted to OSDS:

The signature affixed below certifies that the Proposer has read and understands this Request for Qualifications and that the entire Statement of Qualifications, including all certifications, representations, attachments, and supporting documentation submitted in response to this solicitation, is true, complete, and accurate to the best of the signatory's knowledge. The signatory certifies that they are authorized to execute this certification on behalf of the Proposer and authorizes the Commission to verify any information contained in the submission. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____ _____ _____

Signature Name Date