 Form FGC-1

**CONTRACTOR DISQUALIFICATION AFFIDAVIT**

State of \_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of person signing AIA A305), being first duly sworn, deposes and says that he is the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Title) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Legal name of Contractor) which is seeking prequalification for solicitations and other contract opportunities issued by the Cobb County School District. Affiant further deposes and says that Contractor is not currently disqualified from bidding or submitting proposals to the Cobb County School District pursuant to Cobb County District Administrative Rule FGC-R and that affiant is not aware of any current or past events, circumstances or conditions affecting Contractor which would or could result in the disqualification of Contractor including under Cobb County District Administrative Rule FGC-R.

If Contractor has any concerns as to whether any events, circumstances or conditions affecting Contractor which could result in Contractor’s disqualification, Contractor has identified any such events, circumstances or conditions in Contractor’s prequalification materials submitted contemporaneous herewith to the Cobb County School District.

Affiant further acknowledges and agrees that this Affidavit will be used in connection with, and will be relied upon, the Cobb County School District in making contract awards and that Affiant and Contractor are obligated to notify the Cobb County School District of any events, circumstances or conditions which occur after the date hereof which could result in Contractor’s disqualification under Cobb County District Administrative Rule FGC-R.

FURTHER AFFIANT SAYETH NOT.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

[Affix notarial seal]