**Section 4: Cover Letter and Declaration on honour on exclusion criteria and absence of conflict of interest**

*The following cover letter must be signed/stamped by a representative authorized to sign on behalf of the offeror:*

To: Advocacy Training and Resource Center (ATRC)

Str. Sejdi Kryeziu, 26 10000 Prishtina, Kosova

Reference: RFP 11/2023

To Whom It May Concern:

We, the undersigned, hereby provide the attached offer to perform all work required to complete the activities and requirements as described in the above-referenced RFP. Please find our offer attached.

We hereby acknowledge and agree to all terms, conditions, special provisions, and instructions included in the above-referenced RFP. We further certify that the below-named firm—as well as the firm’s principal officers and all commodities and services offered in response to this RFP—are eligible to participate in this procurement under the terms of this solicitation.

Furthermore, we hereby certify that, to the best of our knowledge and belief:

* We have no close, familial, or financial relationships with any ATRC staff members or board members.
* We have no close, familial, or financial relationships with any other offerors submitting bid in response to the above-referenced RFP.
* The prices in our offer have been arrived at independently, without any consultation, communication, or agreement with any other offeror or competitor for the purpose of restricting competition.
* All information in our proposal and all supporting documentation is authentic and accurate.
* We understand and agree to ATRC prohibitions against fraud, bribery, and kickbacks.
* We have not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgment or pending legal action against them that could impair their operations in the foreseeable future.
* We have not been convicted of an offence concerning professional conduct by a judgment of a competent authority of a Member State which has the force of res judicata.

We hereby certify that the enclosed representations, certifications, and other statements are accurate, current, and complete.

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| --- | --- |
| Authorized Signature: |  |
| Name and Title of Signatory: |  |
| Date: |  |
| Company Name: |  |
| Company Address: |  |
| Company Telephone and Website: |  |
| Company UNIQUE Number: |  |
| Official name associated with bank account (for payment): |  |
| Bank account: |  |