**STATE OF NEW JERSEY**

**JUVENILE JUSTICE COMMISSION**

**SIGNATURE PAGE**

|  |  |  |  |
| --- | --- | --- | --- |
| **DUNS NUMBER:**  **CCR NUMBER:**  **TAX ID NO:** |  | **JJC BID #:**  **PFTI-2021** | **DATE SUBMITTED** |

|  |  |
| --- | --- |
| Contractor: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone: | (   ) | Fax: | (   ) |

|  |  |
| --- | --- |
| Email Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Person: |  | Title: |  |

|  |  |
| --- | --- |
| Mailing Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone: | (   ) | Fax: | (   ) |

|  |  |
| --- | --- |
| Email Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Financial Officer, if applicable: |  | Title: |  |

|  |  |
| --- | --- |
| Mailing Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone: | (   ) | Fax: | (   ) |

|  |  |
| --- | --- |
| Email Address: |  |

|  |
| --- |
| By signing below, I acknowledge that I have read and understand that if selected, I am required to obtain a Business Registration Certificate, complete the Delegated Purchasing Authority (DPA) Transaction Document Packet, and pay any required fees. See page 5 of the RFP for links and more information the DPA requirements. |

|  |  |
| --- | --- |
| Name/Title: |  |

|  |  |
| --- | --- |
| Signature: |  |