

**STATE OF NEW JERSEY
JUVENILE JUSTICE COMMISSION
SIGNATURE PAGE**

DUNS NUMBER: CCR NUMBER: TAX ID NO:
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JJC BID #: ENT-2021	DATE SUBMITTED
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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 9 of the RFP for links and more information the DPA requirements.

Name/Title: _____

Signature: _____