**Section 4: Cover Letter and Declaration of 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: PIAKOS 01/2024

**To Whom It May Concern:**

We, the undersigned, hereby submit the attached offer to perform all the work/services/supplies required to complete the activities and meet the requirements as described in the above-referenced CALL FOR EXPRESSION OF INTEREST (EOI). Please find our offer attached.

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

Furthermore, we 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 bids in response to the above-referenced EOI.
* That our application was reached independently, without any consultation, communication, or agreement with any other applicant or competitor to restrict 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 us that could impair our operations in the foreseeable future.
* We have not been convicted of an offense concerning professional conduct by a judgment of any competent authority that 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: |  |
| Entity Name: |  |
| Entity Address: |  |
| Entity Telephone and Website: |  |
| Entity UNIQUE Number: |  |
| Official name associated with bank account (for payment): |  |
| Bank account: |  |