| **Attachment 4.- CRIMINAL BACKGROUND CHECK AFFIDAVIT** |
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**AUTHORIZED REPRESENTATIVE**

**I HEREBY AFFIRM THAT:**

I am Business Name or Owner or Title (if applicable) and the duly authorized representative of Contractor and that I possess the legal authority to make this Affidavit on behalf of myself and the business for which I am acting.

I hereby affirm that (Contractor or individual has complied with Section 1, Security Requirements of the PT Home Visits RFR/A.

I hereby affirm that the (Contractor or individual has provided the GCHD with a summary of the security clearance results for the applicant that will be working on Solicitation Number RFR/A 2025-0612PT and this applicant has successfully passed all of the background checks required under Section 1 of the PT Home Visits RFR/A. The Contractor hereby agrees to provide security clearance results for any additional terms of the contract at least ten (10) days prior to the date the applicant commences work on this Contract.

**I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.**

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Contractor or Individual

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

Typed Name

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

Signature

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Date

**Submit within 10 days of NTP**