**STATEMENT OF NO INVOLVEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as the authorized representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Provider Name)

certify no member of this agency, or any person having an interest in this agency, has been awarded a contract by the Area Agency on Aging, on a noncompetitive basis to:

1. develop this Request for Proposal
2. perform a feasibility study concerning the scope of work contained in this RFP, or
3. develop a program similar to what is contained in this RFP

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

Signature of Authorized Representative

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

Date