

COMMONWEALTH OF VIRGINIA

Employee, Agent and Representative Certification To Employer, Commonwealth of Virginia

eVA, the Commonwealth of Virginia's electronic procurement solution, was procured pursuant to a contract that requires the Commonwealth to protect certain information as confidential and proprietary property of American Management Systems, Inc. (AMS). Therefore, the Commonwealth must be assured that all parties to which it provides access to AMS confidential and proprietary information acknowledge their responsibility to undertake its protection on behalf of the Commonwealth.

As a Commonwealth of Virginia employee, agent or representative to which AMS proprietary and confidential information may be provided, I certify to the Commonwealth:

- A. I have acquainted myself with the provisions of Article 6, Ethics in Public Contracting, of the Virginia Public Procurement Act (VPPA). A copy of the VPPA can be accessed at <http://159.169.222.200/dps/Manuals/manuals-bottom.htm>.
- B. I understand that information acquired as a result of my responsibilities in conjunction with the eVA project and/or system may be AMS confidential and proprietary information and will be conspicuously labeled or otherwise identified as such at the time it is provided to me.
- C. I understand that my actions with respect to AMS confidential and proprietary information to which I am given access must conform, in all respects, to the Commonwealth's responsibility to protect such information.
- D. I understand that any request for access to or for copies of AMS confidential and proprietary information, in whole or in part, must be immediately referred to the DPS contract officer. Furthermore, **I agree I will not provide access to or copies of AMS confidential and proprietary information, in whole or in part, to any individual or party unless so authorized by the DPS contract officer who will provide all necessary assistance required for timely response to such requests, including those submitted in accordance with the Virginia Freedom of Information Act.**
- E. I understand that this certification is solely for the benefit of the Commonwealth of Virginia.

Signature

Date

Name/Title (Printed)

Agency/Department (Printed)

Telephone Number

E-Mail Address