Exhibit A – Required Forms

Lewiston-Nez Perce County Airport Authority Request for Qualifications (RFQ) Legal Counsel Services

Form A-1: Acknowledgment of Receipt and Intent to Submit

Firm / Attorney Name:	
Primary Contact Person:	
Title:	
Address:	
Phone:	
Email:	
Please check one of the following options:	
 ■ We intend to submit a Statement of Q ■ We do not intend to submit, but wish ■ We do not intend to submit and reque 	to remain on your mailing list.
Authorized Signature:	
Printed Name:	
Title:	
Date:	
Please return this acknowledgment by emai	

Form A-2: Conflict of Interest Disclosure Statement

Lewiston–Nez Perce County Airport Authority Request for Qualifications (RFQ) Legal Counsel Services

The undersigned hereby certifies that:

- Neither the firm nor any individual assigned to represent the Authority has a financial or personal interest that would conflict, or appear to conflict, with the performance of services under this engagement.
- The firm agrees to immediately disclose any potential conflict that may arise during the term of the agreement.
- The firm further certifies that no officer, employee, or agent of the Authority has a direct or indirect financial interest in this proposal or in any resulting contract.

Firm / Attorney Name:	
Address:	
Authorized Representative (Signature):	
Printed Name & Title:	
Date:	

Note: Disclosure of any potential or existing conflict does not automatically disqualify a respondent. It enables the Authority to evaluate and address conflicts appropriately.

Form A-3: Non-Collusion Affidavit Lewiston–Nez Perce County Airport Authority Request for Qualifications (RFQ) Legal Counsel Services

STATE OF IDAHO COUNTY OF		
I,		depose and state as follows:
I am the or Attorney Name), and am authorize		
I have personally read and examined the Lewiston Legal Counsel Services to the Lewiston		-
Neither the undersigned, nor any personal section in the competition in connection of the proposal prior to the official submission of the induced or attempted to induce any proposal; or any way colluded, conspired, or a competitive or fraudulent proposal.	standing, or combination to ction with this proposal; r person information rega- ion date and time; tother person or firm to re	o restrain trade, fix prices, or rding the contents of this frain from submitting a
The undersigned further certifies that fraud, collusion, or connection with an		good faith and without any
Signature:		
Printed Name:		
Title:		
Firm Name:		
Address:		
City, State, ZIP:		
Phone:		
Email:		

Notary Acknowledgment Subscribed and sworn to before me this day of	, 20
Notary Public: Residing at: My Commission Expires:	
(Seal)	