

Attestation

This is to attest that, I, _____, a member of the Evaluation Committee of **Health Care Data & Analytical Consultant RFP NUMBER 41900-001-0000000040, proposals opened June 1, 2006, 1:00 PM EST**, for the Georgia Department of Community Health, have no personal interest in any proposal presented for consideration before the Committee for evaluation, and I furthermore understand and can perform within the evaluation rules set forth.

Name

Date