WVFMA BIDDER COVER SHEET

Business/Contractor Name:	
Primary Contact:	
Email:	
Phone:	
Website/Portfolio:	
Tax ID or EIN:	
SAM.gov (if applicable):	

WEST VIRGINIA FARMERS MARKET ASSOCIATION

NON-DISCLOSURE & CONFIDENTIALITY AGREEMENT

I agree to maintain full confidentiality regarding all WVFMA data, systems, and materials.

Name:	
Signature:	
Date:	

WEST VIRGINIA FARMERS MARKET ASSOCIATION

CONFLICT OF INTEREST DISCLOSURE

Do you or any immediate family member have a relationship with WVFMA staff or board?

If yes, explain below:

Signature:

Date:

WEST VIRGINIA FARMERS MARKET ASSOCIATION

CERTIFICATION REGARDING DEBARMENT

I certify that neither I nor my business is debarred, suspended, or excluded from federal programs.

Name:

Signature:

Date:

WEST VIRGINIA FARMERS MARKET ASSOCIATION