**State of California – Natural Resources Agency**

**DEPARTMENT OF PARKS AND RECREATION**

**DPR 541 (New 3/2024)(Word 3/5/2024)**

PUBLIC CONTRACT AWARD CERTIFICATION – GRANTS PROGRAM

**Submit this form for all contracts requiring a competitive solicitation.**

**Non-Profit Organizations:** $10,000 or more for services; $25,000 or more for construction.

**Public Agencies:** According to local/state procurement policy(ies).

**GRANTEE/PROJECT INFORMATION**

**Grantee Name:**

**Project Number:**

**Project Name:**

**SOLICITATION/CONTRACT INFORMATION**

**Type of work being contracted:**  **CONSTRUCTION**  **SERVICES**

**Solicitation Date:**       **Solicitation Reference Number (if any):**

**Solicitation Name:**

**Scope Description for contracted work:**

**Contractor Selected:**

**Contract Award Date:**       **Notice to Proceed Date:**

**Authority or Governing Body Name that Approved Contract Award:**

**Checking here verifies that in this selection process, any conflicts of interest were identified and managed to ensure fairness and credibility in the procurement process.**

**RESPONSES/BIDS RECEIVED** (attach extra page if more space needed)

| **CONTRACTOR NAME** | **BID AMOUNT** | **SELECTED?**  **(YES / NO)** | **EXPLAIN WHY SELECTED OR NOT SELECTED** |
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*Contract and all related bid/award documents must be available to the Office of Grants and Local Services and Department of Parks and Recreation Audits Office upon request for up to five years after Project Completion.*

**CERTIFICATION BY GRANTEE’S AUTHORIZED REPRESENTATIVE**

***By signing or typing my name in the signature field space below, I acknowledge that our agency must comply with all legal requirements regarding public contracting, and hereby certify that this public contract complies with state and local laws. I represent and warrant that I have full authority to execute this Public Contracting Certification Form on behalf of the Grantee. Under penalty of perjury, I declare that the foregoing certification for the above-mentioned Project is true and correct.***

**Signature of Grantee’s Authorized Representative:**

**Printed Name:**       **Title:**       **Date:**