

Valued Supplier,

Your organization has been identified as a “Covered Contractor” as defined by the Safer Federal Workforce Task Force under COVID-19 Workplace Safety: Guidance for Federal Contractors and Subcontractors issued on September 24, 2021. THTBC and its Subsidiaries request that you promptly complete and return this attestation.

Attestation

The purpose of this attestation is to take steps to prevent the spread of COVID-19, to protect the health and safety of all Federal employees, onsite contractors and subcontractors, visitors, and other individuals interacting with the Federal workforce.

By signing this attestation, the supplier certifies that all its employees entering facilities of THTBC or its Subsidiaries, or who are attending a business event of THTBC or its Subsidiaries are fully vaccinated against COVID-19 or have had a negative COVID-19 test within 96 hours of entering a facility of THTBC or its Subsidiaries or attending the business event.

The supplier agrees that THTBC or its Subsidiaries reserves the right to review proof of vaccination or a current negative test and supplier employees should carry proof of their vaccination or negative test. This proof can be either hardcopy or an electronic copy.

Lastly, the supplier affirms that it has developed a review process or employee tracking system to ensure continued compliance with this attestation.

CERTIFICATION

By signing this document, I am attesting to the accuracy of the information contained herein. Supplier further acknowledges that THTBC and its Subsidiaries shall rely on the information provided and any misrepresentation may result in Supplier’s termination. If at any time during performance, any representative of the Supplier’s organization learns that the responses provided herein was erroneous when submitted or has become erroneous by reason of changed circumstances, Supplier is required to notify the THTBC cognizant Contractual representative.

Supplier Name

NAME OF PERSON AUTHORIZED TO BIND SUPPLIER	SIGNATURE OF PERSON AUTHORIZED TO BIND SUPPLIER
TITLE	
EMAIL ADDRESS	
TELEPHONE NUMBER	DATE

