

**MARYLAND DEPARTMENT OF HEALTH  
OFFICE OF CONTRACT MANAGEMENT AND PROCUREMENT  
MDH CERTIFICATION OF IMPARTIALITY FOR MEMBERS OF EVALUATION COMMITTEE**

I, \_\_\_\_\_, agree to serve on a committee appointed for the purpose of evaluating proposals for

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In accepting this appointment, I acknowledge that I have read and understand the contents of the "Instructions for Evaluation Committee Members", and I hereby affirm that I will perform evaluations in a fair and impartial manner, on the basis of the criteria listed in the RFP and the specific submissions of each offeror, without any conflict of interest, bias or prejudice. Further, I affirm that I will hold all information pertaining to the evaluation process in strict confidence, agreeing to direct any and all inquiries to the Procurement Officer of Record.

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**Signature**

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**Date**