



Larimer County Government Representative Conflict of Interest Disclosure Form

SOLICITATION # / NAME: _____	
1	Name of Larimer County Employee, Officer, or Agent (E/O/A):
2	E/O/A Job Title:
3	Name of vendor(s) or person(s) this Conflict of Interest applies to (if none, write, "N/A"):
4	Description of nature and extent of E/O/A employment, business relationship, friendship or other Conflict of Interest with the vendor(s) or person(s) named in item 3 (if none, write, "N/A"):
5	List gifts accepted by the E/O/A from the vendor(s) or person(s) named in item 3 (if none, write, "N/A"):
6	<p>AFFIDAVIT</p> <p>I swear under penalty of perjury that the above statement is true and correct.</p> <p style="text-align: right; margin-right: 100px;">_____</p> <p style="text-align: right; margin-right: 100px;">Signature of E/O/A</p> <p>Witnessed by Larimer County Purchasing Representative:</p> <p style="text-align: right; margin-right: 100px;">Name: _____</p> <p style="text-align: right; margin-right: 100px;">Title: _____</p> <p style="text-align: right; margin-right: 100px;">Signature: _____</p> <p style="text-align: right; margin-right: 100px;">Date: _____</p>

Information about this form:

No employee, officer or agent (E/O/A) operating on behalf of the County shall participate in the selection, award, and/or administration of a contract if a Conflict of Interest, real or reputed, would be involved. *In addition to the E/O/A, this further includes his/her spouse/partner, and family members.*

A Conflict of Interest arises in situations in which the E/O/A has an employment or other business relationship with any vendor from which a bid or proposal was received. For more information on Conflicts of Interest, see Financial Policy and Procedure 300.1 (the Purchasing Policy).

a) In the case of a Request for Proposal, the E/O/A(s) shall complete this form at the 1st Evaluation Committee meeting, and s/he shall recuse her/himself at that time if such a conflict exists.

b) In the case of an Invitation to Bid, the E/O/A(s) shall complete this form after the Bid Opening, and s/he shall recuse her/himself at that time if such a conflict exists.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

1. Name of E/O/A: Enter the name of the E/O/A completing the form.

2. Job Title. Enter the job title of the E/O/A.

3. Name of vendor(s) or person(s) this Conflict of Interest applies to:

- If there **IS** a relationship: provide the name of the vendor such conflict applies to
- If there is **NO** relationship: write N/A

4. Description of nature and extent of employment, business relationship or any other real or perceived Conflict of Interest with the vendor(s) or person(s) named in item 3.

- If there **IS** a relationship, the E/O/A shall describe the nature of the relationship with the vendor(s) named in item 3
- If there is **NO** relationship, write, "N/A"

5. List gifts accepted by the Larimer County Representative and any family member from the vendor(s) or person(s) named in item 3. E/O/A shall list any gifts s/he or any family members have received from those named in item 3.

6. This section to be completed by the Purchasing Representative.