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| J:\Function\Branding\- New OMES logo\Horizontal\OMES-logo-horiz-RGB.jpg | **Conflict of Interest and****Non-disclosure Statement for Evaluation Team** |

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| **Instructions:** This form is to be completed by all Evaluation Team Members and shall be maintained in the contract file. |
| **Solicitation Number:** |       |  |
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| I, the undersigned, hereby certify to the best of my knowledge and belief the following:1. Neither I, nor my immediate family possesses any financial interest in any company, parent or subsidiary, which has submitted a proposal or bid in response to the above referenced solicitation being considered by the Evaluation Team of which I am a member. Should I become aware of such a financial interest held by an immediate family member or myself, I will immediately reveal the interest to the chairperson of the Evaluation Team and the State Purchasing Director;
2. I have not received or been promised any personal benefit for myself or my immediate family by any company or individual responding to the above referenced solicitation and agree to immediately notify the chairperson of the Evaluation Team and the State Purchasing Director should such an offer be made to me or should I become aware of such an offer to a family member;
3. I acknowledge my obligation to disclose to the chairperson of the Evaluation Team and the State Purchasing Director all contacts, any friendships, family or social relationships, past, present or planned employment relationships, or other accommodations offered or received by myself from an individual or company, parent or subsidiary, submitting a proposal or bid in this matter, which might be perceived as compromising my independent judgment in this evaluation;
4. I will not disclose or release any confidential information prior to award of the contract resulting from the above referenced solicitation. Confidential information includes, but is not limited to, the contents of all bids or proposals submitted in response to the referenced solicitation and any analysis or evaluation thereof, including but not limited to any recommendation for award;
5. I agree to disqualify myself from participation in the Evaluation Team should the chairperson of the Evaluation Team, officials of the acquiring state agency, or the State Purchasing Director find my relationship with a company or individual submitting a bid or proposal in this matter as potentially being perceived to compromise my independent judgment in the solicitation evaluation process; and
6. I further agree and understand that failure to abide by the terms of this statement may subject me to adverse actions as authorized by law.
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| **List of Bidders for Evaluation** |
| 1. |       |  | 7. |       |
| 2. |       |  | 8. |       |
| 3. |       |  | 9. |       |
| 4. |       |  | 10. |       |
| 5. |       |  | 11. |       |
| 6. |       |  | 12. |       |
| Describe, if any, all current personal, business, and/or government relationships between yourself or your family members and any of the bidders listed above, including the name of the bidder and description of relationship in the box below. If additional space is required in the box below, please attach additional pages. |
| Please describe:      |
|  |  |       |
| Evaluator Signature |  | Date |
|       |  |       |
| Evaluator Printed Name |  | Title |