General Information		SLCo RFP #	
•		at any time during the selection process a potential	
conflict arises, a new form must be completed. See	e <u>Sait Lake County (</u>	Ordinance § 2.07.201 for more information.	
Personal information			
	M.I	Last name	
Contact information			
		Daytime phone #	
City	State	ZIP code	
Employment information			
Position Department	or Agency	Employer	
Conflict of Interest Disclosures			
List any current or potential conflicts you may have conflicts. If you have questions, please contact the		•	
1. RESTRICTED Conflict of Interest			
Please specify below any financial interest you association, partnership, corporation or other thereof, that submitted a proposal in response	business organizati	ion, including any subsidiary or related company	
 Name of the business organization Nature of the financial interest (number of shares held, percentage or partnership, etc.) 			
	entity, organization	mployment by or direct representation as an n, or committee associated with the proposer. A ercent or more of a corporation or other business	
Selection committee members with a restrict	ed conflict of inter	est must recuse themselves.	
Restricted conflicts of interest:			

2. UNRESTRICTED Conflict of Interest

Please specify below any known political, family, fraternal, social, or other interests or associations with any members of any firm, association, partnership, corporation or other business organization, including any subsidiary or related company thereof that submitted a proposal in response to the RFP which may create the appearance or the actuality of a conflict of interest between your relationship and your selection committee responsibilities. Include:

- Name of the member and of the business organization
- Nature of the relationship

Please include **any campaign contributions** of more than five hundred dollars (\$500) during the prior calendar year to you or members of your household.

If you have what might be considered a significant unrestricted conflict of interest, you are strongly encouraged to treat the unrestricted conflict as a restricted conflict and recuse yourself from the selection committee.

	Inrestricted conflicts of interest:		
rt	tification		
•	I certify that the information on this form, to the best of my knowledge and belief, is true, correct, and accurate.		
•	I certify that I have made full disclosure of all conflicts of interest, both restricted and unrestricted conflicts, as required by state statute and Salt Lake County Ordinance.		
•	I will be fair, impartial and act in the best interest of the county in evaluating the proposals submitted in response to this Request for Proposals.		
•	I understand that all information contained in the proposals and information regarding the evaluation process should not be released or discussed in any manner with other proposers or individuals not involved in the proposal evaluation process.		
•	I understand that I may be subject to discipline or prosecution if I have omitted or falsified information.		
S	ignature Date		
Γ	Proposals to be evaluated:		
	Troposuis to be evaluated.		
	Proposals to be evaluated:		