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| Legal Name of Applicant: |  |

The Respondent must disclose any existing or potential conflict of interest relative to the performance of the requirements of this RFA. Examples of potential conflicts include an existing or potential business or personal relationship between the Respondent, its principal, or any affiliate or subcontractor, with the Health and Human Services Commission, or any other entity or person involved in any way in any project that is the subject of this RFA. Similarly, any existing or potential personal or business relationship between the Respondent, the principals, or any affiliate or subcontractor, with any employee of the Health and Human Services Commission must be disclosed. Any such relationship that might be perceived, or represented as a conflict, must be disclosed. Failure to disclose any such relationship may be cause for contract termination or disqualification of the proposal. If, following a review of this information, it is determined by HHSC that a conflict of interest exists, the Respondent may be disqualified from further consideration for the award of a contract.

Pursuant to Texas Government Code Section 2155.004, a Respondent is ineligible to receive an award under this RFA if the bid includes financial participation with the Respondent by a person who received compensation from HHSC to participate in preparing the specifications or the RFA on which the bid is based.

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| **1.** | **Does anyone in the Respondent organization have an existing or potential conflict of interest relative to the performance of the requirements of this RFA?** | |
|  | **YES** | **NO** |
|  | *If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)* | |

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| **2.** | **Will any person who received compensation from the Health and Human Services Commission (HHSC) for participating in the preparation of the specifications or documentation for this RFA participate financially with Respondent as a result of an award**  **under this RFA?** |

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| **YES** | **NO** |
| *If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation*. | |

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| **3.** | **Will any provision of services or other performance under any contract that may result from this RFA constitute an actual or potential conflict of interest or create the appearance of impropriety?** | |
|  | **YES** | **NO** |
|  | *If YES, detail any such actual or potential conflict of interest that might be perceived or represented as a conflict. (Attach no more than one additional page.)* | |

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| **4.** | **Are any current or former employees of the Respondent current or former employees of HHSC (within the last 24 months)?** | |
|  | **YES** | **NO** |
|  | *If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation*. | |

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| **5.** | **Are any proposed personnel related to any current or former employees of HHSC?** | |
|  | **YES** | **NO** |
|  | *If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation*. | |

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| **6.** | **Has any member of Respondent’s executive management, project management, governing**  **board, or principal officers been employed by HHSC 24 months prior to the proposal due date?** |

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|  | **YES** | **NO** |
| *If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation*. | | |
| **7.** | **If the Respondent is a private nonprofit organization, does the executive director or other staff serve as voting members on the organizations governing board?** | |
|  | **YES** | **NO** |
| **8.** | **Is Respondent or any member of Respondent’s executive management, project management, board members or principal officers:** | |
|  | * Delinquent on any state, federal or other debt; * Affiliated with an organization which is delinquent on any state, federal or other debt; or * In default on an agreed repayment schedule with any funding organization? | |
|  | **YES** | **NO** |
|  | *If YES, please explain. (Attach no more than one additional page.)* | |

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| **9.** | **Has the Respondent had a contract suspended or terminated prior to expiration of contract or not been renewed under an optional renewal by any local, state, or federal department or agency or non-profit entity?** | |
|  | **YES** | **NO** |
|  | *If YES, indicate the reason for such action that includes the name and contact information of the local, state, or federal department or agency, the date of the contract and a contract reference number, and provide copies of any and all decisions or orders related to the suspension,*  *termination, or non-renewal by the contracting entity.* | |

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| **10.** | **Does this proposal include financial participation by a person or entity that has been convicted of violating federal law, or been assessed a penalty in a federal civil administrative enforcement action, in connection with a contract awarded by the federal government for relief, recovery or reconstruction efforts as a result of Hurricanes Rita or Katrina or any other disaster occurring after September 24, 2005, under Government Code 2261.053?** | | | | |
|  | **YES** | | **NO** | | |
|  | *If YES, please explain. (Attach no more than one additional page.)* | | | | |
| **11.** | | **Has Respondent had a contract with HHSC within the past 24 months?** | | |
|  | | **YES** | | **NO** |

*If YES, list the HHSC Contract Numbers below.*

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| **12.** | **Has Respondent been a party to civil or criminal litigation or investigation pending over the last five years that involves Respondent or in which Respondent has been judged guilty or liable?**   |  |  | | --- | --- | | **YES** | **NO** | | |
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**ALL ADDITIONAL PAGES REQUIRED BY RESPONSES TO THIS FORM SHOULD BE INSERTED HERE.**