

Conflict of Interest Disclosure Form Procurement & Warehousing Services Department

In order to assure compliance with applicable law, this form must be completed and delivered to the Purchasing Agent by any individual prior to her/his evaluation of a competitive solicitation for The School Board of Broward County, Florida. If you have any questions, please contact Procurement & Warehousing Services at 754-321-0505.

Committee Member Signature Date					
Additional provided t Additional	g below, I attest that all information submitted lly, I agree that if it is determined that a po- to me in connection with this solicitation to the I Material Attached: Yes No _	tential c purcha	onflict	of interest exist I	
Please desc	ribe the potential conflict of interest:				
If yes, pleas	se identify the person's name and realtionship to you:				
father, mot	ware of any other potential conflict of interest with ther, son, daughter, sister, father-in-law, mother-in-				
	of any interest in intellectual property rights to a respondent, bidder or proposer?				
the recipient (within the last 12 months) of any income, gift, loan or any other item of value exceeding \$50 from any respondent, bidder or proposer?					
the owner bidder or j	of an equity position of 5% or greater in a responden proposer?	t,			
	or retained by a respondent, bidder or proposer its parents, subsidiary or sibling organization)				
brother sister, father-in-law, mother-in-law, son-in-law, daughter-in-law or domestic partner:		103	110	person's name and relationship to you.	respondent, bidder or proposer at issue.
	ver the following questions: or your spouse, father, mother, son, daughter,	Yes	No	If yes, identify the	If yes, identify the
Pur	chasing Agent Name:	Purchasing Agent Telephone:			
Soli	Solicitation Number: So		Solicitation Title:		
Cor	Committee Member Department:		Committee Member Telephone:		
Cor	mmittee Member Name:	Committe	ee Men	nber Title:	