



Utah Department of Human Services  
195 North 1950 West  
Salt Lake City, UT 84116

**Conflict of Interest Certification**  
(To be used only by *governmental* entities)

**Name of Governmental Entity ("Contractor"):** \_\_\_\_\_  
**Address:** \_\_\_\_\_

The Governmental Entity certifies that:

1. It is a political subdivision, agency or municipality of the State of Utah;
2. It has either entered into, or applied for, a contract with the Department of Human Services or one of the Department's divisions or offices ("DHS") or it has entered into a subcontract with a Local Agency that has a contract with DHS;
3. It maintains a written policy requiring its Representatives\* to disclose their Conflicts of Interest, and that its policy mirrors the provisions and requirements contained in the DHS Conflict-of-Interest policy (See <http://hspolicy.utah.gov/files/dhs/2-%20Personnel/2-2-%20Conflict%20of%20Interest.pdf>). \***Representative** means any person or entity acting on behalf of the Contractor, and includes all employees, owners, partners, directors, officers, board members, subcontractors and agents, as well as any individuals with authority to establish policies or make decisions for the Contractor. "Volunteers" are not "representatives" and are not required to be included in the Contractor's Disclosure Statement, unless they are board members or officers, or are substantially involved in the Contractor's decision-making processes.
4. It will monitor its operations for compliance with the conflict-of-interest provisions in the DHS contract, and it can reasonably assure DHS that Representatives with a potential Conflict of Interest shall not:
  - (a) make or influence decisions or set policies that affect the contract with DHS or with a Local Agency;
  - (b) monitor the performance of its contract with DHS or with a Local Agency; or
  - (c) become involved in or otherwise benefit from the performance of its contract with DHS or with a Local Agency.

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Name and Title of Person Completing Form)

\_\_\_\_\_  
(Signature)

Revision Date: March 13, 2014