



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

CONFLICT OF INTEREST - DISCLOSURE STATEMENT

Does any employee in your organization have a conflict of interest or potential conflict of interest?
(Indicate YES or NO and follow the instructions provided)

YES

(Please use a separate form for each employee with a conflict or potential conflict, and complete all applicable portions of the form. Attach additional sheets as needed.)

NO

(Please complete the signature section below.)

DUAL EMPLOYMENT

(The notary section of this form must be completed for all dual employment conflicts of interest.)

Name of individual with dual employment:	
Title or position with the State of Utah or political subdivision:	
Title or position with the Contractor/Offeror:	
Nature and value of the individual's interest in Contractor/Offeror's business entity:	
Individual's decision-making authority with the Contractor/Offeror and with the State:	
How does the Contractor/Offeror protect DHS from potentially adverse effects resulting from this individual's Conflict of Interest?	

RELATED-PARTY TRANSACTIONS OR INDEPENDENT JUDGMENT IMPAIRED

Name and position or title of individual associated with Contractor/Offeror:	
Name and position or title of individual associated with other party:	
Relationship between identified individuals:	
Description of transaction involving identified individuals and dollar amount (if any):	
Decision-making authority of individuals with respect to that transaction:	
Potential effect on Contract with DHS:	
How does the Contractor/Offeror protect DHS from potentially adverse effects resulting from this identified Conflict of Interest?	

Signature:
I hereby certify that the information I have given is true and complete to the best of my knowledge.

(TYPE OR PRINT Contractor's/Offeror's Legal Name)

(TYPE OR PRINT Name and Title of Person Completing Form)

(Signature)

Date: _____

Notary: *(Must be completed for all dual employment conflicts of interest)*

STATE OF _____)
: ss.
COUNTY OF _____)

SUBSCRIBED to before me this ___ day of _____, _____.
(Seal) NOTARY PUBLIC _____
Commission Expires _____

DHS/ _____ Action: * Approve Deny Signature: _____ Date: _____

****"Approve" means the Agency has no reason to question the accuracy of a "no conflicts" declaration or, in those situations where a conflict has been declared, that the Agency has taken sufficient action to determine the facts declared by the Contractor do not constitute a prohibited conflict of interest. DHS may refer any questions regarding potential Conflicts of Interest to the DHS Bureau of Internal Review and Audit ("BIRA").**