



**SUFFOLK COUNTY PROCUREMENT OF PERSONAL SERVICES
EVALUATION COMMITTEE
NO CONFLICT OF INTEREST DISCLOSURE STATEMENT**

In order to protect the integrity of a formal procurement process, it is essential that no participating member of the evaluation committee has any direct or indirect interest in any proposer or otherwise that would conflict in any manner or degree with his or her evaluation responsibilities.

1. **Definitions:**

“Interest” shall mean a direct or indirect pecuniary or material benefit accruing to a municipal officer or employee as the result of a contract or business or professional transaction with the municipality which such officer or employee serves.

“Relative” shall mean mother, father, son, daughter, sister, brother, stepmother, stepfather, stepson, stepdaughter, aunt, uncle, cousins in the first and second degree of consanguinity, domestic partner, mother-in-law, father-in-law, sister-in-law, brother-in-law and grandparents.

2. **Statement:**

I, the undersigned, a participating member of the evaluation committee for Request for Proposal (RFP) No. _____ for _____
(Title of RFP) will perform the evaluation under the guidelines, procedures and requirements in the Procurement Policy. I represent as follows:

- a. I have an obligation to ensure that the scoring and evaluation of the responses to this RFP can be supported and defended, and that the recommendation of the evaluation committee will lead to the selection of the proposal that offers the best value to the County.
- b. I neither have nor shall I during the evaluation acquire any financial interest, either direct or indirect, in any proposer or otherwise that would conflict in any manner or degree with my evaluation responsibilities. My relatives are subject to the same restriction and disclosure requirements.
- c. Neither I nor any of my relatives are employed, have been employed or have plans to be employed by any proposer.
- d. I will not conduct myself in any way to give the impression that I may be improperly influenced in the performance of my evaluation responsibilities.

If I should become aware of any situation which might arise that could alter any of the representations above, or that might otherwise create the appearance of a conflict or other impropriety, I will notify the Office of the Comptroller immediately.

Name (print) _____

Title (Print) _____

Signature _____ Date _____