



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

Name of Contractor:

CONFLICT OF INTEREST - DISCLOSURE STATEMENT

Does any employee in your organization have a conflict of interest or potential conflict of interest?

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:	
Nature and value of the individual's interest in Contractor's business entity:	
Individual's decision-making authority with the Contractor and with the State:	
How does the Contractor 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 with Conflict of Interest:	(individual associated with Contractor):	
	(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 this Contract with DHS:		
How does the Contractor protect DHS from potentially adverse effects resulting from this identified Conflict of Interest?		

Name of Contractor:

Signature:

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

(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: * <input type="checkbox"/> Approve <input type="checkbox"/> Deny ** <input type="checkbox"/> Refer to BIRA	Agency Signature: _____	Date: _____
DHS/_____ Action: * <input type="checkbox"/> Approve <input type="checkbox"/> Deny ** <input type="checkbox"/> Refer to BIRA	Agency Signature: _____	Date: _____
DHS/_____ Action: * <input type="checkbox"/> Approve <input type="checkbox"/> Deny ** <input type="checkbox"/> Refer to BIRA	Agency 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").

BIRA Action Upon DHS/ Referral: Approve Deny Other: _____