

Vendor Conflict of Interest Disclosure Template

All vendors interested in conducting business with Project HOPE-The People-to-People Health Foundation Inc, (“Project HOPE”) must complete and return the Vendor Conflict of Interest Disclosure Template in order to be eligible as a Vendor.

Please note that all vendors are required to comply with Project HOPE’s conflict interest policies as stated within the certification section below. If a vendor has a relationship with a Project HOPE official or employee or an immediate family member of a Project HOPE official or employee, the vendor shall disclose the information required below.

If the Vendor, because of other activities or relationships with other persons, is unable or potentially unable to render impartial assistance or advice to Project HOPE, or a Vendor’s objectivity in performing work is or might be otherwise impaired, or the Vendor has an unfair competitive advantage, there is a duty to disclose this “organizational” conflict of interest.

Certification:

On behalf of the Vendor, I hereby certify that to the best of my knowledge, except as disclosed below:

1. Vendor is not related to and is not aware of any connection between Vendor and a current Project HOPE official or employee or his or her immediate family member.
2. No retired or separated Project HOPE official or employee who has been retired or separated from the organization for less than one (1) year has an ownership interest in vendor’s company.
3. No Project HOPE official or employee is contemporaneously employed or prospectively to be employed with the Vendor.
4. Vendor has not and will not provide gifts or hospitality of any dollar value or any other gratuities to any Project HOPE official or employee to obtain or maintain a contract.
5. There are no present or currently planned Vendor interests (financial, contractual, organizational, or otherwise) relating to the work to be performed under the contract that would impinge upon the Vendor’s ability to render impartial, technically sound, and objective assistance or advice or could result in it being given an unfair competitive advantage (organizational conflict of interest).

Vendor Name:

Address:

Email:

Phone Number:

Vendor Conflict of Interest Disclosure

Annex: 027

Conflict of Interest Disclosure:

Name of Project HOPE official, employees or immediate family members with whom there may be a potential or perceived conflict of interest:

() Relationship to employee _____

() Interest in vendor's company _____

() Other _____

Vendor interest that could result in a perceived, potential or actual organizational conflict of interest:

I certify that the information provided is true and correct by my signature below:

Signature of Vendor /Authorized Representative:

Date:

Printed Name of Vendor/ Authorized Representative:

Procurement Use Only:

____ Yes, named employee or official was involved in the procurement process or decision.

____ No, named employee or official was not involved in the procurement process or decision.

Procurement Officer Name and Title: