**PROPOSER CONFLICT OF INTEREST DISCLOSURE /DETERMINATION FORM**

|  |  |
| --- | --- |
| Project Name: |  |
| Key Number: |  |
| Proposer’s Name: |  |

*“Associate” means an individual who is a professional or managerial employee, executive, director, key project personnel, contractor, or any immediate family member of the foregoing.*

**PART 1**: PROPOSER’S DECLARATION

1. Is any Associate (see definition above) of this Proposer a former employee or family member of an employee of the Idaho Transportation Department (ITD)? Yes [ ]  No [ ]

**(Design - Bid - Build only)**

1. Has the Proposer read and understood the Professional Services Conflict of Interest (COI) Guidelines published by ITD? Yes [ ]  No [ ]

1. Has the Proposer read and understood §120.1 of the ITD Professional Services Agreement Procedures (PSAP) manual? Yes [ ]  No [ ]
2. Are any of the Proposers’ or Associates’ activities on this project captured in the scenarios outlined in the PSAP manual, §120.1? Yes [ ]  No [ ]
3. Does the Proposer or any Associate of this Proposer, require a COI Determination or does the Proposer/Associate of this Proposer, have any past, present or currently planned interests, which require a COI Determination with respect to performing the Work for the Department? Yes [ ]  No [ ]
4. If a COI determination is being requested, please describe the current situation in detail (clearly address all parts a-d): (a) how any or all agreements on the project were awarded by ITD (Direct Select, RFI from the Term Agreement List, or individual project solicitation (RFP)) to your firm or the prime consultant you worked for (b) what work was previously performed (c) what work is being pursued or will be proposed on and (d) how your firm will address any actual or perceived unfair competitive advantage, or how professional judgments or actions might be unduly influenced by existing/planned activities or personal/business relationships.

|  |
| --- |
|  |

**(Design-Build only)**

1. Has the Proposer read and understood the Conflict of Interest (COI) Guidelines published by the Idaho Transportation Department (ITD)? Yes [ ]  No [ ]

1. Has the Proposer read and understood section 4.1 of the ITD Design-Build manual?

 Yes [ ]  No [ ]

1. Did this Proposer, or any Associate of this Proposer, participate in preparing any part of the RFQ or RFP, or any documents or reports to which the RFQ or RFP refers?

Yes [ ]  No [ ]

 If yes, what specifically was prepared?

|  |
| --- |
|  |

1. Does this Proposer, or any Associate of this Proposer, have any past, present or currently planned interests, which are an actual or potential organizational Conflict of Interest (*as defined in the COI Guidelines)*, with respect to performing the work for the Department? Yes [ ]  No [ ]

If the answer to any of the above questions is “yes,” I have attached to this Declaration the following:

1. All relevant facts;
2. Any actions that must be taken to avoid, neutralize, or mitigate such Conflict of Interest (e.g., communications barriers, restraint or restriction upon future contracting activities, or other precaution);
3. A description of how a competitive advantage (actual or perceived) has not been gained over other proposers; and

**PART 2**: SIGNATURE AND FIRM INFORMATION

The signature below certifies that to the best of the signer’s knowledge, information and belief, after thorough review of the Proposer’s books and records, and after reasonable inquiry with knowledgeable persons that:

This Proposer has no business or personal relationships with any other companies or persons that could be considered a Conflict of Interest or potential conflict of interest to the Department pertaining to any and all work or services to be performed as a result of this Request for Qualifications or Request for Proposals and any resulting contract with the Department, except as disclosed on the present form and;

There are no principals, officers, agents, employees, or representatives of this Proposer that have any business or personal relationships with any other companies or persons that could be considered a conflict of interest or a potential conflict of interest to the Department, pertaining to any and all work or services to be performed as a result of this Request for Qualifications or Request for Proposals and any resulting contract with the Department, except as disclosed on the present form.

The information contained one this form and attached documents is a complete, thorough and accurate description of the situation in which a determination is being requested.

I hereby certify that I am authorized to sign as a Representative for the Proposer regarding the foregoing affirmations and attached representations.

|  |
| --- |
|  |
| **Complete Legal Name of Proposer:** |  |
| **Address:** |  |
| **Fed ID No.:** |  |
| **Signature:** |  |
| **Name (type/print):** |  |
| **Title:** |  |
| **Telephone:** |  |
| **Email Address:** |  |
| **Date:**  |  |

**ATTACH ALL NECESSARY DISCLOSURES AND EXPLANATIONS TO THIS FORM.**