



**Vendor Conflict of Interest Disclosure Form**

All vendors interested in conducting business with the TDH must complete and return the Vendor Conflict of Interest Disclosure Form in order to be eligible to be awarded a contract. Please note that all vendors are subject to comply with the Tdh's conflict interest policies as stated within the certification section below.

If a vendor has a relationship with a Tdh official or employee, an immediate family member of a Tdh official or employee, the vendor shall disclose the information required below.

**Certification:** I hereby certify that to my knowledge, there is no conflict of interest involving the vendor named below:

1. No Tdh official or employee or Tdh employee's immediate family member has an ownership interest in vendor's company or is deriving personal financial gain from this contract.
2. No retired or separated Tdh official or employee who has been retired or separated from the Tdh for less than five (5) years has an ownership interest in vendor's Company.
3. No Tdh employee is contemporaneously employed or prospectively to be employed with the vendor.
4. Vendor hereby declares it has not and will not provide gifts or hospitality of any money value or any other gratuities to any Tdh employee or elected official to obtain or maintain a contract.
5. Please note any exceptions below:

Vendor Name	Vendor Phone Number
Conflict of Interest Disclosure *	
Name of Tdh employees, elected officials, or immediate family members with whom there maybe a potential conflict of interest.	<input type="checkbox"/> Relationship to employee _____ <input type="checkbox"/> Interest in vendor's company _____ <input type="checkbox"/> Other _____

\*Disclosing a potential conflict of interest does not disqualify vendors. In the event vendors do not disclose potential conflicts of interest and they are detected by the Tdh, vendor will be exempt from doing business with the Tdh.

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