

DEPARTMENT OF STATE PROCUREMENT INTEGRITY COMPLIANCE FORM

In accordance with the paragraph six of the Department of State Procurement Integrity Procedures, this document must be completed, signed, and submitted with Contractor's proposal submission.

Contractor Name:

Part 1:

Complete this section for all individuals authorized to represent the vendor in relation to the submission of the vendor's bid or proposal.

Name/Organization:

Address:

Email Address:

Telephone Number:

Place of Principal Employment:

Occupation/Title:

Does this Individual/Organization have a financial interest in this procurement?

Check one YES NO

If yes, please explain the nature of the financial interest.

NOTE:

If, after submission of bid or proposal, an individual or organization is retained to attempt to influence the procurement process, vendor will disclose in writing, prior to any contact with DOS, the name, address, email address, telephone number, place of principal employment, occupation of such individual or organization, and whether or not the individual or organization has a financial interest in the procurement.

Supplementary disclosures must be mailed to the contact person designated on page one of the bid document.

Failure to submit the supplementary disclosure may result in vendor's proposal or bid being found non-responsible, as noted in paragraph four of the Department of State Procurement Integrity Procedures.

Typed or Printed Name and Title of Authorized Signatory

Signature

Date