

ATTACHMENT I – CONFLICT OF INTEREST AFFIDAVIT AND DISCLOSURE

Reference COMAR 21.05.08.08
(submit with Bid/Proposal)

A. "Conflict of interest" means that because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice to the State, or the person's objectivity in performing the contract work is or might be otherwise impaired, or a person has an unfair competitive advantage.

B. "Person" has the meaning stated in COMAR 21.01.02.01B(64) and includes a bidder, offeror, contractor, consultant, or subcontractor or sub-consultant at any tier, and also includes an employee or agent of any of them if the employee or agent has or will have the authority to control or supervise all or a portion of the work for which a Bid/Proposal is made.

C. The bidder or offeror warrants that, except as disclosed in §D, below, there are no relevant facts or circumstances now giving rise or which could, in the future, give rise to a conflict of interest.

D. The following facts or circumstances give rise or could in the future give rise to a conflict of interest (explain in detail—attach additional sheets if necessary):

E. The bidder or offeror agrees that if an actual or potential conflict of interest arises after the date of this affidavit, the bidder or offeror shall immediately make a full disclosure in writing to the procurement officer of all relevant facts and circumstances. This disclosure shall include a description of actions which the bidder or offeror has taken and proposes to take to avoid, mitigate, or neutralize the actual or potential conflict of interest. If the contract has been awarded and performance of the contract has begun, the contractor shall continue performance until notified by the procurement officer of any contrary action to be taken.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Date: _____ By: _____
(Authorized Representative and Affiant)

ATTACHMENT S – OFFEROR INFORMATION SHEET

Company Name: _____
Tax ID: _____
eMaryland Marketplace #: _____
Website: _____

If applicable
Maryland MBE#: _____
Maryland SBR#: _____
Federal VOSB#: _____

Corporate Contact Name: _____
Corporate Contact Title: _____
Corporate Address 1: _____
Corporate Address 2: _____
City State Zip: _____
Corporate Contact Telephone#: _____
Corporate Contact Fax#: _____
Corporate Contact eMail Address: _____

Note: You may only designate **ONE** solicitation contact person
Solicitation Contact Name: _____
Solicitation Contact Title: _____
Solicitation Address 1: _____
Solicitation Address 2: _____
City State Zip: _____
Solicitation Contact Telephone#: _____
Solicitation Contact Fax#: _____
Solicitation Contact Email Address: _____