

?## ORGANIZATIONAL CONFLICTS OF INTEREST (JAN 2008)

APPENDIX A

CONTRACTOR NAME:

ADDRESS:

SOLICITATION #

CONTRACTOR CONFLICT OF INTEREST CERTIFICATION STATEMENT

_____ represents that no individuals involved with the
CONTRACTOR NAME
solicitation [_____] in have no present, or currently planned interest
SOLICITATION # and SERVICE TYPE
(financial, contractual, organizational, or otherwise) or actual or organizational conflicts of interest
relating to the services to be provided to the Central Iowa Health Care System – Des Moines Veterans
Administration under the referenced solicitation.

None of the employees listed in the solicitation have a past interest (financial, contractual,
organizational, or otherwise) or actual or organizational conflicts of interest relating to the services to be
provided to the Central Iowa Health Care System – Des Moines Veterans Administration under the
referenced solicitation.

OR

Statement attached describing, in a concise manner, all relevant facts concerning any past,
present, or currently planned interest (financial, contractual, organizational, or otherwise) or actual or
potential organizational conflicts of interest relating to the services to be provided under this
solicitation. The offeror shall also provide statements with its offer containing the same information for
any consultants and subcontractors identified in its proposal and which will provide services under the
solicitation. The offeror may also provide relevant facts that show how its organizational and/or
management system or other actions would avoid or mitigate any actual or potential organizational
conflicts of interest.

NAME OF CERTIFYING OFFICIAL
TITLE

SIGNATURE

DATE