Attachment 4: Organizational Conflict of Interest

Organizational Conflicts of Interest Contractor Certification

CONTRACTOR NAME:

ADDRESS:

SOLICITATION #:

CONTRACTOR CONFLICT OF INTEREST CERTIFICATION STATEMENT

◉ _____ represents that no individuals involved with the solicitation _____ in have no present, or currently planned interest (financial, contractual, organizational, or otherwise) or actual or organizational conflicts of interest relating to the services to be provided to the Nebraska-Western Iowa VA Health Care System 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 Nebraska-Western Iowa VA Health Care System 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