Vendor or Contractor Conflict of Interest Disclosure Statement Information and Instructions

The City of Florida City, Florida, requires this disclosure statement to be completed and filed with all proposals, bids responses, contracts, or grant or loan requests to the City in excess of \$10,000. The disclosure statement is not required for contracts for gas, water, and electric services where no competition exists, or where rates are fixed by law or ordinance. In circumstances where a contract is awarded by competitive bid, the disclosure statement shall be required from persons submitting responses to requests for proposals, requests for qualifications, invitation to bid, grant applications, or other proposals.

A copy of the disclosure statement shall be maintained by the awarding City Department.

The City of Florida City shall not enter into any contract or appropriate any public funds with any person who refuses to provide information required on the disclosure form.

Any person who provides misleading or incorrect information on the disclosure statement shall be disqualified from participation. Also, the contract or grant shall be voidable by the City if the misleading or incorrect information on the disclosure statement is discovered by the City subsequent to execution of a contract.

Definitions

- "Business Entity" means any corporation, partnership, limited partnership, proprietorship, firm, enterprise, franchise, association, self-employed individual, or trust, whether fictitiously named or not, doing business in the state of Florida.
- "Family, or Family Members, or Familial Relationship" means included but limited to individuals who are related to a public official as father, mother, son, daughter, brother, sister, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, half brother, half sister, person who is engaged to be married to a public official or who otherwise holds himself or herself out as or is generally known as the person whom a public official intends to marry or with whom a public official intends to form or has formed a household.
- "Person" means an individual, firm, partnership, association, joint venture, cooperative, or corporation, or any other group or combination acting in concert.
- "Public Official" means a person either elected to a governmental position, or appointed to a governmental position who is authorized by statute, resolution or charter to exercise part of the sovereign power of the governmental entity and whose duties of involve the exercise of discretion on behalf of the governmental entity. This would include those who are considered Department Heads by the City.

Instructions

Complete all lines as indicated. If an item does not apply, denote N/A (not applicable). If you cannot include required information in the space provided, attach additional sheets as necessary.

CITY OF FLORIDA CITY VENDOR OR CONTRACTOR CONFLICT OF INTEREST DISCLOSURE FORM

ENTITY COMPLETING FORM	
ADDRESS	
CITY, STATE, ZIP	TELEPHONE NUMBER
CONTACT EMAIL ADDRESS	CELL PHONE NUMBER
This form is provided with: Invitation to Bid Request for Proposal / Qualifications Proposal Has your business entity or any of your business entities' partners, divis previously performed work or provided goods or services to any City Department Yes No If yes, identify below the City Department that received the goods or services, the ty provided, and the amount received for the provision of such goods or services. (I	sions, or any related business entity within the current or last fiscal year? The pe(s) of goods or services previously
CITY DEPARTMENT TYPE OF GOODS/SERVICES	AMOUNT RECEIVED
Has your business entity or any of your business entities' partners, divipreviously applied for and received any grants or loans from any City Department Yes No	
If yes, identify the City Department that awarded the grant or loan, the date such amount of the grant or loan.	grant or loan was awarded, and the
CITY DEPARTMENT DATE GRANT AWARDED	AMOUNT OF GRANT OR LOAN

which the public official wo	•		
NAME OF PUBLIC OFFICIAL/E	EMPLOYEE	ADDRESS	CITY DEPARTMENT
	immediate family have	a familial relationship. Ide	public officials with whom your business entify the office the public official holds or ets if necessary.)
NAME OF FAMILY MEMBER	ADDRESS		DF PUBLIC OFFICIAL/ CITY DEPARTMENT BLIC EMPLOYEE WHERE EMPLOYED
	family members as the	result of the contract, propo	pelow the direct benefit to be gained by the osal, request for proposal, invitation to bid,
List below the name(s) and for proposal or qualification			s utilized to used in preparation of , request
NAME OF PAID CONSULTANT/	LOBBYIST	ADDRESS	
	best of my knowled	ge. I further understan	tements on or attached to this form are d that omissions shall be cause for
Signature		Date	
Printed Name		Title	