

CFHC Vendor Conflict of Interest Disclosure Form

As a vendor for Central Florida Health Care (CFHC), it is an expectation to disclose any conflict of interest prior to entering into a Vendor Agreement.

ALL Vendors must read the following information, complete the Certification Statement AND return the Vendor Conflict of Interest Disclosure Form in order to be eligible to finalize a Vendor Agreement Packet.

This document includes Conflict of Interest information so that the vendor may make the best decision in acknowledging and disclosing any actual or possible conflicts of interest.

**Definitions**

Interested Person – Any person affiliated with the vendor, acting on behalf of the vendor or employed by the vendor that has a direct or indirect financial interest, as defined thereafter, is an interested person. If a person is an interested person with respect to the CFHC, or any related sub-vendor or sub-company (person who may act on behalf of the Vendor), such person is an interested person with respect to CFHC.

Financial Interest – A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

1. An ownership or investment interest in, or a potential ownership or investment interest in, any entity with which CFHC is negotiating a transaction or arrangement, or
2. A compensation arrangement with any entity with which the CFHC has or is negotiating a transaction or arrangement. Compensation includes direct or indirect remuneration as well as gifts or favors that are substantial in nature.

**Procedure**

Duty to Disclose

In connection with any actual or possible conflict of interest, an interested person must disclose the existence and nature of his/her financial interest to CFHC concerning the proposed transaction or arrangement.

Determining whether a Conflict of Interest Exists

After disclosure of the financial interest, CFHC administrative staff will discuss the disclosure and decide whether a conflict of interest exists. This decision will be provided to the Vendor within (7) seven days of the disclosure.

Addressing the Conflict of Interest

The Chief Financial Officer or designee will directly respond to the Vendor contact person to communicate the decision.

If the decision is there is no conflict, the vendor agreement will proceed.

If the decision is that there is a conflict, CFHC and Vendor will determine whether there is a possibility to proceed with a Vendor Agreement that would be mutually agreed by both parties.

If an arrangement is not reasonably attainable under amenable circumstances by both parties, CFHC will provide in writing that the reason for not moving forward with this Vendor Agreement.

**Certification:**

I hereby certify that to my knowledge, there is no conflict of interest involving the vendor named below and agrees to the following statements:

1. No CFHC board member OR CFHC employee or an immediate family member of either board member or employee, has an ownership interest in vendor’s company or is deriving personal financial gain from this contract/agreement.
2. No retired or separated board member for less than one year of CFHC OR retired or separated employee for less than one year of CFHC; or an immediate family member of any of the above has an ownership interest in vendor’s company or is deriving personal financial gain from this contract/agreement.
3. No CFHC employee is contemporaneously employed or prospectively to be employed by the vendor.
4. Vendor declares it has not and will not provide gifts or hospitality of any dollar value or any other gratuities to any CFHC employee or CFHC board member to obtain or maintain a contract or agreement.
5. If there are believed to be any actual or possible conflicts of interest, they are listed below or in additional written format.

|  |  |
| --- | --- |
| **VENDOR NAME** | **VENDOR PHONE NUMBER** |
|  |  |
| **Conflict of Interest Disclosure** | |
| Name of Person(s) with whom there may be a conflict or possible conflict | \_\_ Relationship to Employee \_\_\_\_\_\_\_\_\_\_\_  \_\_ Interest in Vendor’s Co.\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

I certify that the information provided is true and correct by my signature below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Vendor Authorized Representative Printed Name of Vendor Authorized Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

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**Accounting Department USE ONLY:**

\_\_\_\_\_ No Conflict of Interest Violation \_\_\_\_\_ Conflict of Interest Violation, escalated to CFO

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Signature of Accounting Representative Printed Name of Accounting Representative

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Date Form Completed