

Conflict of Interest and Unfair Competitive Advantage Certification

Identify any conflicts of interest or unfair competitive advantages (collectively called Conflict Situations) by completing this Certification under penalty of false statement (Conn. Gen. Stat. §53a-157b) by checking either Box No. 1 (Individuals) or Box No. 2 (Firms) below, and Box No. 3 as necessary. If there is a known or potential Conflict Situation, Box No. 3 should be checked and the required supplementary information provided.

1. Individuals

- ☐ I certify that I do not have a potential or known Conflict Situations as specified in the Request for Qualifications documents, State of Connecticut Law, and Federal Regulations, for the subject project, except as disclosed in Box No. 3 and the attachments to this Certification.

2. Firms

- ☐ My signature certifies that I am authorized to sign as a Representative for the Firm and to the best of my knowledge, information and belief, and after thorough review of the firm's books and records and after reasonable inquiry with knowledgeable persons within the firm, this firm:

- a) Has no business or personal relationships with any other companies or persons that could be considered as a conflict of interest or potential conflict of interest to the Department,
- b) Has no principals, officers, agents, employees, or representatives of this firm that have any business or personal relationships with any other companies or persons that could be considered as a conflict of interest or a potential conflict of interest to the Department,
- c) Has no unfair competitive advantage resulting from work that this firm, its current staff, any key personnel or subconsultants have done to date, pertaining to any and all work or services to be performed as a result of this request and any resulting contract with the Department,

except as disclosed in Box No. 3 and the attachments to this Certification.

3. Disclosure

- ☐ I am notifying the Department of the existence of one or more potential or actual Conflict Situation(s). I have attached to this Certification a document (limited to three pages) with (a) all relevant facts and (b) identified proposed actions to be taken to avoid, neutralize, or mitigate such Conflict Situation (e.g. communications barriers, restraint or restriction upon future contracting activities, or other precaution).

I understand that if at any time I learn of a previously unknown potential or actual conflict of interest or perceived unfair competitive advantage, I will submit a new Certification to the appropriate Department contact person for that phase of the project, updating my previous statements and certifications.

Completed and signed under penalty of false statement per Conn. Gen. Stat. §53a-157b.

Signature: _____ **Date:** _____

Name (type/print): _____ **Title:** _____

Legal Name of Firm: _____

Address: _____

Telephone: (_____) _____ **Project Number:** _____

Name of Proposer: _____