ATTACHMENT: CONFLICT OF INTEREST COMPLIANCE CERTIFICATE

A. The California Department of Public Health (CDPH) intends to avoid conflicts of interest or the appearance of conflicts of interest on the part of the proposed Contractor or any of its proposed subcontractors, or employees, officers and directors of the proposer or any of its proposed subcontractors. Thus, CDPH reserves the right to determine, at its sole discretion, whether any information received from any source indicates the existence of a real or apparent conflict of interest.

B. Conflicts of interest include, but are not limited to:

1. An instance where the proposer or any of its proposed subcontractors, or any employee, officer, or director of the proposer or any of its proposed subcontractors has an interest, financial or otherwise, whereby the use or disclosure of information obtained while performing services under contract with the California Tobacco Control Program (CTCP) would allow for private or personal benefit or for any purpose that is contrary to the goals and objectives of the proposed contract.

2. An instance where the proposer or any of its proposed subcontractors, or any employee, officer, or director of the proposer or its proposed subcontractors use their positions for purposes that are, or give the appearance of being, motivated by a desire for private gain for themselves or others, such as those with whom they have family, business or other ties.

3. Any other conflict of interest identified in federal or State statute or regulation.

C. If the proposer or any proposed subcontractor has a suspected or potential conflict of interest, the proposer or proposed subcontractor shall attach to this form a description of the activity, a plan for ensuring that the activity will not adversely affect CDPH, and procedures to guard against the existence of an actual conflict of interest. Based on that information, and any other information CDPH may require, CDPH will determine whether a conflict of interest exists and whether it can be resolved to the satisfaction of CDPH.

D. The proposer shall submit this Certificate with its proposal response per the RFP instructions. This Certificate shall bear the original signature of an official or employee of the proposer who is authorized to bind the proposer.

E. This Certificate will be incorporated into the contract, if any, awarded from this RFP. It is understood that the requirements set forth in this Certificate shall be in effect for the entire term of the contract.

F. The Contractor shall obtain a completed Certificate from any proposed subcontractor and submit it to CDPH prior to approval of the subcontractor by CDPH.

G. The proposer or Contractor and each subcontractor shall notify CDPH, California Tobacco Control Program, California Department of Public Health, P.O. Box 997377, MS 7206, Sacramento, CA 95899-7377, within ten (10) working days of any change to the information provided on or attached to this Certificate.

H. If CDPH becomes aware of a suspected or potential conflict of interest, the proposer or Contractor or subcontractor will be given an opportunity to submit additional information as described in Paragraph C above or to resolve the conflict. The proposer or Contractor or subcontractor will have five (5) working days from the date of notification of the conflict by CDPH to provide complete information regarding the conflict. If CDPH determines that a conflict of interest exists and it cannot be resolved to the satisfaction of CDPH, before or after the award of the contract, the conflict will be grounds for the proposal to be deemed non-responsive and/or termination of the contract or subcontract.

The undersigned herby affirms that: (check one)

☐ The statements above have been read and that no conflict of interest exists.

☐ A suspected or potential conflict of interest does exist, and additional information (as described C above) is attached along with a plan to address the possible conflict of interest.

Signed: _____ Title: _____ Date: _____

Typed or Printed Name of Authorized Representative: _____