DISTRICT TWO
HARRISON SCHOOLS

Vendor Conflict of Interest Disclosure Statement

Vendor Name: _____

Company Name: _____

Title/Position: _____

Business Address: _____

Purpose of This Disclosure

This form is intended to identify and address any real or potential conflicts of interest that may interfere with objective and fair procurement or contracting processes with Harrison School District 2.

Section 1: Disclosure

1. Do you or any of your company's owners, officers, or employees have a financial interest in or relationship with any current employee, board member, or official of Harrison School District 2?

☐ Yes ☐ No

If yes, please explain:

_____

_____

2. Do you, your company, or any affiliates serve as a board member, officer, employee, or consultant for any organization that may be considered a competitor or business interest with Harrison School District 2?

☐ Yes ☐ No

If yes, please explain:

_____

_____

3. Do you have any personal or professional relationships that could improperly influence your business dealings with Harrison School District 2?

☐ Yes ☐ No

If yes, please explain:

_____

_____

Section 2: Certification and Signature

I certify that the above information is true and complete to the best of my knowledge. I understand that it is my responsibility to disclose any potential conflicts of interest as they arise and to comply with the conflict of interest policies of Harrison School District 2.

Vendor Signature: _____

Printed Name: _____

Title: _____

Date: _____