MISSISSIPPI DEPARTMENT OF EDUCATION
Ensuring a bright future for every child

Revised 07/2019

The Mississippi Department of Education (MDE)
Conflict of Interest Form

This form is to be completed prior to reviewing proposals for the MDE.

I agree to remove myself from the proposal evaluation process for all proposals in which I currently have or previously had a financial or prejudicial vested interest(s). I agree to notify the Procurement Director in writing of any conflict of interest prior to reviewing any such proposals and I understand that I will not be allowed to evaluate proposals if a conflict of interest exists. This would include any situation that would bias my opinions for or against a proposal. I agree to disclose any outside activities, financial interests, and/or activities that could create the appearance of a conflict.

I understand that no evaluator will be allowed to rate a proposal submitted by an entity where they or a relative currently are or previously were employed for a time period of at least ten (10) years since the employment. A relative is defined as a spouse, child, child's spouse, parent, parent's spouse, sibling, sibling's spouse, grandparent and grandparent's spouse.

I hereby certify that I have reviewed the conflict of interest standards prescribed herein, and that I do not have a conflict of interest with respect to evaluation of this proposal or qualification. I further certify that I am not engaged in any negotiations or arrangements for prospective employment or association with any of the offerors submitting proposals or qualifications or their parent or subsidiary organization.

Failure to adhere to these conflict of interest provisions will result in removal from the review panel and possible referral to the Mississippi Ethics Commission.

☐ I certify that I have no conflict of interest.

_____ _____
Signature Date

_____ _____
Procurement Staff Signature Date

_____

☐ I certify that I currently am or previously was employed by an entity that submitted a proposal. The name of the entity is _____.

☐ I certify that I have a relative that currently is or previously was employed by an entity that submitted a proposal. The name of the entity is _____.

☐ I certify that I have a conflict of interest as described below:

_____
_____
_____
_____

_____ _____
Signature Date

_____ _____
Procurement Staff Signature Date