



Vendor Conflict of Interest Disclosure Form

All vendors interested in conducting business with the Cuyahoga Heights School District must complete and return the Vendor Conflict of Interest Disclosure Form in order to be eligible to be awarded a purchase order/contract. Please note that all vendors are subject to comply with the Cuyahoga Heights School District's conflict of interest policies as stated within the certification section below.

If a vendor has a relationship with a Cuyahoga Heights School District official or employee, an immediate family member of a Cuyahoga Heights School District official or employee, the vendor shall disclose the information required below.

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

1. No Cuyahoga Heights School District employee or Cuyahoga Heights School District employee's immediate family member has an ownership interest in vendor's company or is deriving personal financial gain from this contract.
2. No retired or separated school official or employee who has been retired or separated from the School for less than one (1) year has an ownership interest in vendor's Company.
3. No School employee is contemporaneously employed or prospectively to be employed with the vendor.
4. Vendor hereby declares it has not and will not provide gifts or hospitality of any dollar value or any other gratuities to any School employee or elected official to obtain or maintain a contract.
5. Please note any exceptions below:

Vendor Name	Vendor Phone Number
Conflict of Interest Disclosure *	
Name of Cuyahoga Heights School District employees, elected officials, or immediate family members with whom there may be a potential conflict of interest.	<input type="checkbox"/> Relationship to employee _____ <input type="checkbox"/> Interest in vendor's company _____ <input type="checkbox"/> Other _____

*Disclosing a potential conflict of interest does not disqualify vendors. In the event vendors do not disclose potential conflicts of interest and they are detected by the School, vendor will be exempt from doing business with the School.

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

 Signature of Vendor Authorized Representative Date Printed Name of Vendor Authorized Representative

PROCUREMENT USE ONLY

- Yes, named employee was involved in Bid / Proposal process.
- No, named employee was not involved in procurement process or decision.

CUYAHOGA HEIGHTS SCHOOLS

Vendor # _____

New Vendor Information Form

Company Name : _____

Business name, if different from above: _____

Tax Classification: _____

SSN/Employer identification Number: _____

State and Year Established: _____

Names and Titles of Officers: _____

PHYSICAL ADDRESS OF COMPANY:

Street: _____

City: _____

State: _____

Zip Code: _____

Phone: _____ Fax: _____

REMIT ADDRESS FOR COMPANY:

Street: _____

City: _____

State: _____

Zip Code: _____

Phone: _____ Fax: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Do you have insurance coverage? _____

If so, what are the amounts? _____

Are you licensed? _____ Are you bonded? _____

Did you complete the attached Vendor Conflict of Interest Disclosure Form?

_____ Yes _____ No

Signature: _____ Date: _____

Title: _____