#### SOUTH CENTRAL TENNESSEE DEVELOPMENT DISTRICT

## **VENDOR CONFLICT OF INTEREST CERTIFICATION**

RFP Number: SCTDD-2025-ACCT-001

**RFP Title:** Accounting and Payroll Software Solution

#### CONFLICT OF INTEREST DISCLOSURE AND CERTIFICATION

**Instructions:** All vendors responding to this Request for Proposals must complete and submit this Conflict-of-Interest Certification with their proposal. This certification is required to ensure the integrity of the procurement process and to identify any potential conflicts of interest that may affect the evaluation or implementation of the proposed solution.

| PART I: VENDOR INFORMATION |   |
|----------------------------|---|
| Company/Firm Name:         |   |
| Business Address:          |   |
| City, State, ZIP:          | _ |
| Primary Contact Person:    |   |
| Title:                     |   |
| Telephone:                 |   |
| Email:                     |   |
| Federal Tax ID Number:     | _ |
|                            |   |

## PART II: CONFLICT OF INTEREST DISCLOSURE

A conflict of interest exists when a vendor, or any of its officers, directors, employees, agents, or subcontractors has:

- 1. A financial interest in the outcome of this procurement
- 2. A personal or business relationship with any SCTDD employee, board member, or official that could influence the procurement process

| of interest  |  |  |
|--|--|--|
| Please check one:  |  |  |
| □ <b>NO CONFLICT</b> : The undersigned vendor certifies that, to the best of its knowledge and belief no actual or potential conflict of interest exists with respect to this proposal or any possible contract resulting from this RFP. |  |  |
| ☐ <b>POTENTIAL CONFLICT:</b> The undersigned vendor acknowledges that a potential or actual conflict of interest may exist as described below. (If checked, please provide a detailed explanation in Part III below.)                    |  |  |
| PART III: EXPLANATION OF CONFLICT (If applicable)  |  |  |
| If you checked "POTENTIAL CONFLICT" above, please provide a complete description of the conflict, including:   |  |  |
| The nature of the conflict   |  |  |
| The parties involved   |  |  |
| How the conflict relates to this procurement   |  |  |
| Any steps taken or proposed to mitigate the conflict   |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| PART IV: RELATIONSHIPS WITH SCTDD  |  |  |

3. Any other relationship or circumstance that could create an actual or perceived conflict

Does your firm, or any of its principals, currently have or has it had within the past three (3) years any business relationship with South Central Tennessee Development District?

A. Current or Recent Business Relationships

| □ Yes □ No  |
|---|
| If yes, please describe:  |
|   |
|   |
| B. Personal Relationships   |
| Do you, or any officer, director, employee, or agent of your firm have any family relationship (spouse, parent, child, sibling) or close personal relationship with any employee, board member, or official of SCTDD?         |
| □ Yes □ No  |
| If yes, please identify the individual(s) and describe the relationship:  |
|   |
|   |
|   |
| C. Financial Interests  |
| Do you, or any officer, director, employee, or agent of your firm have any financial interest in any other company or entity that is also submitting a proposal for this RFP, or that may be a subcontractor on this project? |
| □ Yes □ No  |
| If yes, please describe:  |
|   |
|   |
| D. Other Potential Conflicts  |
| Are there any other circumstances, relationships, or interests that could create an actual or perceived conflict of interest with respect to this procurement?  |
| □ Yes □ No  |
| If yes, please describe:  |
|   |

| PART V: SUBCONTRACTORS AND PARTNERS  |
|--|
| Will you be using subcontractors or partners to perform any portion of the work described in this RFP?                                       |
| □ Yes □ No   |
| If yes, please list all proposed subcontractors/partners and certify that they have also been informed of conflict-of-interest requirements: |
| Subcontractor/Partner Name:  |
| Services to be Provided:   |
| Conflict of Interest Status: $\square$ No Conflict $\square$ Potential Conflict  |
| Subcontractor/Partner Name:  |
| Services to be Provided:   |
| Conflict of Interest Status: $\square$ No Conflict $\square$ Potential Conflict  |
| Subcontractor/Partner Name:  |
| Services to be Provided:   |
| Conflict of Interest Status: $\square$ No Conflict $\square$ Potential Conflict  |
| (Attach additional pages if needed)  |
|  |

## PART VI: ONGOING DISCLOSURE OBLIGATION

The undersigned vendor acknowledges and agrees that:

- 1. This certification is made as of the date of proposal submission and represents the vendor's current knowledge and belief.
- 2. If any circumstances change that would create a conflict of interest at any time during the evaluation process or during the term of any resulting contract, the vendor will immediately notify SCTDD in writing.

- 3. Failure to disclose an actual or potential conflict of interest may result in:
  - Disqualification of the proposal
  - Termination of any resulting contract
  - Legal action by SCTDD
  - Debarment from future SCTDD procurements
- 4. The vendor has reviewed this certification with all officers, directors, and key personnel who will be involved in this project.
- 5. The vendor will require all subcontractors and partners to complete similar conflict of interest certifications.

## PART VII: CERTIFICATION AND SIGNATURE

I hereby certify that I am authorized to submit this proposal on behalf of the vendor named above and that I have read and understand the conflict-of-interest requirements. I certify that the information provided in this document is true, complete, and accurate to the best of my knowledge and belief.

I understand that any misrepresentation or failure to disclose a conflict of interest may result in disqualification from this procurement or termination of any resulting contract, and may subject the vendor to legal action and/or debarment from future SCTDD procurements.

| Authorized Signature: |   |
|-----------------------|---|
| Printed Name:         | _ |
| Title:                |   |
| Company Name:         |   |
| Date:                 |   |
|                       |   |
| FOR SCTDD USE ONLY    |   |
| Reviewed By:          |   |
| Date Reviewed:        |   |

| Action Taken:   |  |
|---|--|
| Signature:  |  |
| <b>Note:</b> This form must be completed, signed by an authorized representative of the vendor, and submitted with your proposal. Proposals submitted without this certification may be deemed non-responsive and rejected. |  |

Questions regarding this form should be directed to:

# Amy Ezell, CGFM

Finance Director
South Central Tennessee Development District
aezell@sctdd.org
731-225-7561