

**REQUEST FOR PROPOSALS  
CONFLICT OF INTEREST/VENDOR DUPLICATION STATEMENT**

Vendor Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Other Location, if any: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Director and/or Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Governing Body or Management Organization: \_\_\_\_\_

According to Section 54314 of California's Title 17 Regulations, the following applicants shall not be eligible for vendorization:

- a) Any officer or employee of the State of California;
- b) Any individual or entity in which an officer or employee of the State of California has a financial interest, as defined in the Government Code, Section 87103;
- c) Employees and board members of any regional center with a conflict of interest pursuant to Title 17, Sections 54500 through 54525;
- d) Any individual or entity in which the regional center employee or board member has a relationship that creates a conflict of interest pursuant to Title 17, Sections 54500 through 54525.

1. Have you ever been vendored (i.e., been issued a vendor number) by this or any other Regional Center?

 No Yes, under the name: \_\_\_\_\_*Name**Date**Regional Center*

Type of service vendored: \_\_\_\_\_

2. Are you or any members of your immediate family an employee or officer of the following?

*Please check all that apply* State of California: please specify \_\_\_\_\_ Department of Developmental Services Regional Center Regional Center Board of Directors

If you checked any of the above, please list the city of employment, job title, and your relationship:

3. Do you feel there would be a conflict of interest in your provision of services to the Regional Center and persons served?

 Yes No\_\_\_\_\_  
Applicant's Signature\_\_\_\_\_  
Date