

PRAIRIE VIEW A&M UNIVERSITY
PROCUREMENT SERVICES



CONFLICT OF INTEREST DISCLOSURE AND NON-COLLUSION FORM

BID #: _____

DATE: _____

CONFLICT OF INTEREST DISCLOSURE

Prairie View A&M University (PVAMU) reserves the right, at its sole discretion, to reject any and all proposals, revise the submission timeline as described in the solicitation, and to discontinue at any time the submission process as described in the solicitation. PVAMU is requiring that any and all relationships with the Texas A&M University System (TAMUS) Board of Regents, PVAMU Administrative Officers, or any other employee of PVAMU and TAMUS are disclosed in writing as a part of any proposal submitted. Contact with any employee of PVAMU during the pre-award period, except as noted in the solicitation, is strictly forbidden and is considered sufficient grounds for dismissal from the Bid/RFP process.

☐ **OWNER CONFLICT OF INTEREST DISCLOSURE:**

Define the relationship with any TAMUS board member or PVAMU employee/administrator with which your company does business with or is likely to do business with, for which you have an opportunity to influence a related University decision; include the name and relationship to any immediate family member.

☐ Supplier certifies that there is no known conflict of interest with any TAMUS Board of Regents, PVAMU Administrative Officers, or any other employee of PVAMU and/or TAMUS employee.

Vendor Printed Name: _____

Title: _____

Signature: _____

Date: _____

☐ **NON-COLLUSION STATEMENT**

The undersigned affirms that he/she is duly authorized to execute this contract and that this company, corporation, firm, partnership or individual has not prepared this bid in collusion with any other bidder, and that the contents of this bid as to prices, terms or conditions of said bid have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this bid.

Company Name: _____

Owners/Principal(s)
Name(s) & Titles: _____

Vendor Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

SIGNATURE

Bidder/Company Official: _____

Date: _____

IMPORTANT: All bidders are required to complete and sign this form. Completed form must be returned with bid prior to bid opening. Failure to return this completed form may result in disqualification of bid.