## DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST FORM FOR A&E CONTRACTS

The PROPOSER must identify and describe in detail each conflict of interest.

Use one form for each firm and attach additional documentation as necessary.

- I. Describe in detail the nature of the actual or potential conflict(s) (involving project, personnel, financial advantage, or another item):
  - a) project,
  - b) personnel,
  - c) financial advantage, or
  - d) another item
- II. For **each** actual or potential conflict above, describe in detail the **measures proposed to mitigate each issue**.
- III. Describe in detail the intended effect of the proposed measures on the actual or potential conflict(s) and how the proposed measures will mitigate the actual or potential conflict(s):

Signature	Date
•	ne number for a contact person that is authorized to orm with the Department of Transportation contract
Name & Title	Phone
Solicitation #	Firm Name

## --- The following section is for Caltrans Review Only ---

## **CALTRANS A&E FACILITATOR, A&E CONTRACTS**

Check the appropriate box and document justification in the comment area for all responses. Attach additional fact sheet as required.
<ul> <li>I agree with the mitigation plan as outlined by the Proposer.</li> <li>I do not agree with the mitigation plan and recommend disqualification (Attach Fact Sheet)</li> <li>I do not agree with the mitigation plan and propose an alternate mitigation plan (Attach Fact Sheet)</li> </ul>
Comments:
Date:
Caltrans A&E Facilitator, A&E Contracts Signature
CALTRANS ASSISTANT DIVISION CHIEF, A&E CONTRACTS
Check the appropriate box and provide comments.
<ul> <li>I approve the proposed mitigation plan.</li> </ul>
$\ \square$ I do not concur with the mitigation plan. See comments below.
Comments:
(Sample Comment #1: I approve recommendation #2 as proposed.) (Sample
Comment #2: The recommendation is incomplete. How will the (specific
issue) be resolved when?)
Date:

Caltrans Assistant Division Chief, A&E Contracts Approval

Revised 02/03/21