

Conflict of Interest Information Form

In order to determine if a conflict of interest exists, prior to the execution of a financial transaction, the following question must be answered by the potential Vendor/Supplier/Individual:

Has Supplier been employed by SIU or the State of Illinois in the last 3 years OR
has a member of their immediate family been employed by SIU or the State of
Illinois in the past 2 years? Yes No

If yes, below please name the State employee(s), and complete the following information. Please attach additional pages if necessary.

State Employee Information:

Self _____ Agency of State Employment (Employer) _____

Start Date _____ Job Title _____

Job Responsibilities _____

Other (Name) _____

Relationship to Vendor _____

Agency of State Employment _____

Start Date _____ Job Title _____

Job Responsibilities _____

Explain the potential conflict of interest _____

Do any of the individuals/State employees listed earn more than \$106,447.20? ___ Yes ___ No

If yes, Name(s) of individual(s) _____

Were any of the above named individual(s) in a position to influence the State's award of this contract? ___ Yes ___ No

If yes, Name(s) of individual(s) _____

Did a lobbyist(s) lobby on your behalf to secure this contract? ___ Yes ___ No

If yes, describe their lobbying efforts: _____

Additional information may be requested from the Vendor about the above potential conflict of interest.

If during the time of service with SIUC the answers to the above questions change, or the State Employee Information (ex. Agency of State Employment) changes, Vendor is to notify SIUC by submitting an updated Conflict of Interest Information Form.

Vendor/Supplier/Individual's Name Printed: _____

Vendor/Supplier/Individual's Signature: _____

Date: _____