Conflict of Interest Notification

Procurement Standards:

The following procurement standards are designed to ensure that supplies and other expendable property, equipment, real property and other services purchased with Local or Federal Funds are obtained in an effective manner and in compliance with the provisions of applicable Local and Federal Statutes and State Requirements.

1. The recipient is the responsible authority regarding the settlement and satisfaction of all contractual and administrative issues arising out of procurements entered into in support of an award. This includes disputes, claims, protests of award, source evaluation, or other matters of contractual nature.
2. The recipient shall maintain written standards of conduct governing the performance of its employees engaged in the award and administration of contracts. No employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal Funds if a real or apparent conflict of interest would be involved. A conflict would arise when the employee, officer, agent, or member of their immediate family has a financial or other interest in the firm or business selected for an award.
3. All procurement transactions shall be conducted in a manner to provide, to the maximum extent practical, open and free competition. The recipient shall be alert to organizational conflicts of interest as well as noncompetitive practices among contractors that may restrict or eliminate competition.
4. If a conflict of interest is realized, you only have 7 business days to notify the Purchasing Department of the conflict.

As an employee of Mansfield ISD, I acknowledge that I do not work for any MISD vendors, my immediate family does not work for any MISD vendors, and I do not have a financial interest in any MISD vendors.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus or Department Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_