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 or resolve each issue**.

Describe in detail the intended effect of the proposed measures on the actual or potential conflict(s) and how the proposed measures

Solicitation #	Firm Name	

Name & Title______Phone _____

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

CALTRANS FUNCTIONAL REVIEWER

Check the appropriate box and document justification in the comment area fo all responses. Attach additional fact sheet as required.
 I agree with the mitigation/resolution plan as outlined by the Proposer. I do not agree with the mitigation/resolution plan and recommend disqualification (Attach Fact Sheet) I do not agree with the mitigation/resolution plan and propose an alternate mitigation/resolution plan (Attach Fact Sheet)
Comments:
Date:
Caltrans Functional Reviewer Signature
CALTRANS A&E FACILITATOR, A&E CONTRACTS
Check the appropriate box and provide comments.
 I approve the proposed mitigation plan.
$\ \square$ I do not concur with the mitigation plan. See comments below.
Comments:
Sample Comment: I approve/disapprove recommendation as proposed.
Disapproval is based on (facts here).
Date:
A&E Facilitator, A&E Contracts Approval