GOVE COUNTY MEDICAL CENTER
A HAYSMED PARTNER

Vendor Conflict of Interest Disclosure

To be completed and submitted by the responding vendor

Organization:	Gove County Medical Center	**Solicitation No.:**	_____
Solicitation Title:	Magnetic Resonance Imaging (MRI) System	**Proposal Due Date:**	September 11, 2026

Regulatory basis: 2 CFR 200.112; 2 CFR 200.318(c). This form also collects relationships involving community partners as an organizational risk-management measure, even where those relationships may extend beyond the minimum federal definition.

Purpose

Federal procurement standards prohibit employees, officers, agents, or board members with real or apparent conflicts of interest from participating in the selection, award, or administration of a federally supported contract. The responding vendor must disclose actual, potential, or apparent conflicts so the organization can evaluate and document appropriate safeguards.

Vendor Information

Vendor Legal Name	_____
DBA / Trade Name	_____
UEI (if applicable)	_____
Primary Contact	_____

Disclosure

Select one:

[ ] NO CONFLICT IDENTIFIED. The vendor has no known financial, family, employment, ownership, business, personal, gift, gratuity, or other relationship that could create an actual, potential, or apparent conflict involving the organization or its officers, employees, agents, board members, or community partners.

[ ] CONFLICT OR RELATIONSHIP DISCLOSED. The vendor identifies one or more relationships or circumstances below for review.

Details of Disclosed Relationship(s)

Required Information	Vendor Response
Name and title/role of individual or entity connected to the organization	
Nature of relationship or interest	
Relevant dates and duration	
Financial interest, tangible personal benefit, gift, gratuity, employment, ownership, or other benefit involved	
Potential effect on impartiality or the procurement	
Proposed mitigation or safeguards	

Authorized Certification

I certify that I have conducted reasonable inquiry and disclosed all known actual, potential, or apparent conflicts and relevant relationships. I agree to promptly provide an updated written disclosure if circumstances change during the solicitation, contract award, or contract performance period.

Vendor Legal Name	_____
Authorized Representative	_____
Title	_____
Signature	_____
Date	_____
Email / Telephone	_____

False statements or material omissions may result in rejection of the proposal, termination of an award, repayment obligations, suspension or debarment, and other remedies available under applicable law.