## ATTACHMENT G - CERTIFICATE REGARDING CONFLICT OF INTEREST

By signature of this Certificate, Proposer covenants and affirms that:

* No manager, employee or paid consultant of the proposer is a member of the Policy Board, the Chief Executive Officer, or an employee of Workforce Solutions Capital Area (WFS);

* No manager or paid consultant of the proposer is married to a member of the Policy Board, the Chief Executive Officer, or an employee of WFS;

* No member of the Policy Board, the Chief Executive Officer or an employee of WFS owns or controls more than a 10 percent share in the proposer’s organization;

* No spouse of a member of the Policy Board, Chief Executive Officer, or employee of WFS receives compensation from proposer for lobbying activities as defined in Chapter 305 of the Texas Government Code;

* Proposer has disclosed within the proposal response any interest, fact or circumstance which does or may present a potential conflict of interest;

* Should Proposer fail to abide by the foregoing covenants and affirmations regarding conflict of interest, Proposer shall not be entitled to the recovery of any costs or expenses incurred in relations to any contract with WFS and shall immediately refund to WFS any fees or expenses that may have been paid under the contact and shall further be liable for any other costs incurred or damages sustained by WFS relating to that contract.

Name of Individual or Organization submitting a proposal:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Authorized Signatory:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_