Conflict of Interest Certification

The undersigned, the owner or authorized officer of _____ (the "Bidder") hereby certifies and affirms that no Board member or officer, employee, or agent of the Lenawee Intermediate School District, **which was involved in the solicitation of the request for bid/proposal, or is likely to be involved in any negotiation, renegotiation, approving or representation of or on behalf of the Lenawee Intermediate School District**, has any pecuniary or beneficial interest, direct or indirect, in Bidder or Bidder's business as is defined in MCL 15.322 *et seq*.

*****Vendors that believe a conflict of interest exists are not necessarily excluded from doing business with the Lenawee Intermediate School District, however the conflict must be disclosed and certain procedures must be followed regarding the awarding of any bid. Vendors that believe a conflict exists or may exist should contact the Lenawee Intermediate School District's Executive Director of Business and Finance prior to the submission of any bid/proposal at 517.265.1640.**

Furthermore, the undersigned affirms that it has not provided any gifts, favors, or other benefits to Lenawee Intermediate School District Board members, officers, employees, or agents, which could reasonably be deemed to influence their recommendation regarding the Bidder's proposal/bid. And, if the Bidder is awarded a contract with the Lenawee Intermediate School District, Bidder further affirms that it will not provide any gifts, favors, or other benefits to Lenawee Intermediate School District Board members, officers, employees, or agents of a value which exceeds the amount established annually by the Michigan Department of Education. This amount is available by contacting the Executive Director of Business and Finance at 517.265.1640.

Bidder Name: _____

Bidder EIN #: _____

By: _____

Authorized Representative Name: _____

Its: _____

Date: _____

State of _____)
)ss.
County of _____)

This instrument was acknowledged before me on the _____ day of _____, _____, by _____.

_____
Notary Public

_____ County, _____

My commission expires: _____