

Contract and Grant Disclosure and Certification Form

Instructions

SUBCONTRACTOR: Mark the “yes” box if the disclosing entity is a **subcontractor** to the entity with which ADH is contracting. Mark the “no” box if the disclosing entity is the one with which ADH is contracting and proceed to TAXPAYER ID NAME

SUBCONTRACTOR NAME: If the disclosing entity is a subcontractor, indicate subcontractor’s legal name.

TAXPAYER ID NAME: If the disclosing entity is the one with which ADH is contracting, enter the disclosing entity’s legal name. If disclosing entity is a subcontractor, leave this section blank.

GOODS? SERVICES? BOTH? Mark "X" in the appropriate box to indicate that which ADH is purchasing from the disclosing entity.

YOUR LAST NAME, FIRST NAME, M.I.: Enter the last name, first name, and middle initial of individual completing the disclosure form.

ADDRESS, CITY STATE, ZIP CODE, COUNTRY: Enter the complete mailing address of the disclosing entity.

FOR INDIVIDUALS: This section is to be completed if disclosing entity is an individual. If the disclosing entity is a business, leave this section blank.

- Indicate with a check mark in the applicable spaces (current or former) if the individual, or the spouse, brother, sister, parent, or child of the individual or spouse holds (or has held) any of the positions listed.
- “Former” is defined as being within two years of the effective date of the contract for which disclosure is being made.
- If there are any positions disclosed, give **full explanation**, including name of position of job held, dates, person’s name, and relationship.
- **NONE OF THE ABOVE APPLIES:** Mark "X" in the box if there are no disclosures made by the individual.

FOR AN ENTITY (BUSINESS): This section is to be completed if the disclosing entity is a business. If the disclosing entity is an individual, leave this section blank.

- Indicate with a check mark in the applicable spaces (current or former) if any persons in control or authority of the business, or those persons’ spouse, brother, sister, parent, or child holds (or has held) any of the positions listed.
- “Former” is defined as being within two years of the effective date of the contract for which disclosure is being made.
- If there are any positions disclosed, give full explanation, including name of position of job held, dates, person’s name, % of ownership interest and position of control.
- **NONE OF THE ABOVE APPLIES:** Mark "X" in the box if there are no disclosures made by the business entity.

SIGNATURE, TITLE, DATE, ENTITY CONTACT PERSON, TITLE, PHONE NUMBER: (To be completed by individual completing form.) Sign, date, and enter the requested information.

AGENCY USE ONLY: (To be completed by the ADH Contract Support Section.) Enter the requested information.

NOTE: If the contract proposal is greater than \$25,000.00 and includes contractor disclosure entries on the Contract and Grant Disclosure and Certification Form for the items listed below it must have prior approval from the Chief Fiscal officer of the State/ Department of Finance and Administration, Office of State Procurement.

Send Contract and Grant Disclosure and Certification Form to Contract Support Section who will email the form to Department of Finance and Administration, Office of State Procurement for approval. After approval or disapproval is received a copy will be emailed to Center/Branch/Section.

- 1) Member of the Arkansas General Assembly;
- 2) Constitutional Officer;
- 3) State Board or Commission Member;
- 4) State Employee;
- 5) Immediate Family Member, shall mean individual's spouse, children of that individual or his or her spouse, and brothers, sisters, or parents of the individual or his or her spouse, including the spouse, of any of (1) – (4); or
- 6) Any entity in which any person designated in (1) – (5):
 - (i) Holds any position of control, or
 - (ii) Holds any ownership interest of 10% or greater

Exemptions from completing the Contract and Grant Disclosure and Certification Form:

- 1) less than or equal to \$25,000.00;
- 2) governmental entity;
- 3) public educational institution;
- 4) federal governmental entity; or
- 5) body of a local government.

The DFA-approval document must be included in the proposal submitted to Contract Support Section.

Contract/sub-grant developer is responsible for determining:

- the Contract and Grant Disclosure and Certification Form is completed, signed and included in the contract/sub-grant
- none of the identified disclosures are prohibited by Executive Order 98-04
- prior approval of DFA has been obtained, if applicable, and is enclosed