



Sub-Award/Vendor Conflict of Interest Disclosure Form

All Sub grantee/vendors interested in conducting business with HSDF must complete and return the Sub grantee/vendor Conflict of Interest Disclosure Form in order to be eligible to be awarded a Sub grant/contract/purchase order. Note that all Sub grantee/ vendors are subject to comply with the HSDF's conflict of interest policy as stated within the certification section below.

If a Sub grantee/vendor has a relationship with a HSDF official or employee, an immediate family member of HSDF official or employee, the Sub grantee/vendor shall disclose the information required below.

Certification: I hereby certify that to my knowledge, there is no conflict of interest involving the Sub grantee/vendor named below:

1. No HSDF official or employee or HSDF's employee's immediate family member has an ownership interest in the Sub grantee/vendor's company or is deriving personal financial gain from this contract.
2. No retired or separated HSDF official or employee who has been retired or separated from the HSDF for less than one (1) year has an ownership interest in the Sub grantee/vendor's Company.
3. No HSDF employee is contemporaneously employed or prospectively to be employed with the Sub grantee/vendor.
4. Sub grantee/vendor hereby declares it has not and will not provide gifts or hospitality of any Naira or Dollar value or any other gratuities to any HSDF employee or appointed official to obtain or maintain a contract.
5. Note any exceptions below:

Sub Grantee/Vendor Name	Sub Grantee/Vendor Phone Number
Conflict of Interest Disclosure *	
Name of HSDF's employees, Appointed officials, or immediate family members with whom there may be a potential conflict of interest.	<input type="checkbox"/> Relationship to employee _____ <input type="checkbox"/> Interest in Sub Grantee/vendor's company _____ <input type="checkbox"/> Other _____

*Disclosing a potential conflict of interest does not disqualify vendors. In the event Sub grantee/vendors do not disclose potential conflicts of interest and they are detected by the HSDF, Sub grantee/ vendor will be exempt from doing business with the HSDF and the contract shall be terminated

I certify that the information provided is true and correct by my signature below:

Signature of Sub Grantee/Vendor Authorized Representative

Printed Name of Sub Grantee/Vendor Authorized Representative

Date

I/We,willfully submit the above information that I/We have read, and agree to be bound by, the terms of HSDF'S Privacy Policy (available at hsdf.org.ng/privacy-policy), giving HSDF the right to use this and other personal data I/We have submitted about me or the company I/We hereby represent, to fulfil the purpose of my/our interactions with HSDF or for other lawful purposes deemed necessary by HSDF.