



Community Mental Health of Ottawa County (CMHOC) Facility/Organizational Provider Application

Attachment J - CONFLICT OF INTEREST COMPLIANCE CERTIFICATE

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The CMHSP intends to avoid Conflict(s) of Interest or the appearance of Conflict(s) of Interest. A Conflict of Interest occurs when an individual puts his or her own personal interests in conflict with CMHSP's interest or creates a situation where the CMHSP is at a disadvantage with its funding agencies, regulators, accrediting bodies, customers, Provider, suppliers or competitors. Thus, the CMHSP reserves the right to determine, at its sole discretion, whether any information received from any source indicates the existence of a Conflict of Interest.

Conflict of Interest means:

1. A Provider, a sub-contractor, any management officials or affiliated business entities of a Provider or sub-contractor; or any employees and agents who will perform services under a proposed or existing contract with CMHSP has one or more personal, business or financial interests or relationships which would cause a reasonable individual with knowledge of the relevant facts to question the integrity or impartiality of those who are or will be acting under a proposed or existing CMHSP contract; or
2. A Provider, a sub-contractor, any management officials or affiliated business entities of a Provider or sub-contractor who will perform services under a proposed or existing contract with CMHSP is an adverse party to a lawsuit with CMHSP; or
3. Any other facts exist which the CMHSP, in its sole discretion, determines may, through performance of a proposed or existing CMHSP contract, provide a Provider or sub-contractor with an unfair competitive advantage which favors the interests of the Provider or sub-contractor or any person with whom the Provider or sub-contractor has or is likely to have a personal or business relationship; or sub-contractor, any management officials or affiliated business entities of a Provider or sub-contractor, or any employees and agents who will perform services under a proposed or existing contract with CMH refers any portion of the services to a family member.

Representations as to Conflicts of Interest:

Answers to the following questions are provided for the Provider or sub-contractor, its officers, directors, any management officials, any persons that own or control you or you own or control; and any employees or agents who will perform services under the contract: You have a conflict of interest when you, any person that owns or controls you, or any entity you own or control answers "yes" to any of the following four (4) questions:

1. Have any such person(s) a personal, business or financial interest or relationships that relate to the services the Provider performs under this contract?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Has the Contractor been removed from or prohibited from participating in any Federal, State or Local Programs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are any such person(s) a party to litigation against the CMHSP, or represents a party that is?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Does the Provider make any referrals to family members when performing services under the contract?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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The Provider or sub-contractor agrees that if it is awarded a contract, throughout the life of the contract, immediate notification will be provided to the CMHSP Contract Manager if at any time a potential or actual conflict of interest becomes known.

The undersigned hereby affirms that: (check one)

- I have read the above statements and declare no conflict of interest exists that would jeopardize the ability of the Contractor or subcontractor to perform under a CMH contract.
- A suspected or potential conflict of interest does exist and additional information is attached along with a plan to address the suspected or potential conflict of interest.

Provider Name: _____

Signature: _____ Date: _____
Name and Title

Printed Name of Authorized Representative: _____