**ATTACHMENT B**

**CONFLICT OF INTEREST FORM**

*\*If respondent is an entity, each owner and/or officer should complete a separate form.*

|  |  |
| --- | --- |
| **Name:** |  |

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| 1. Do you, your immediate family, or your business partner have financial or other interests in Embrace Families Foundation, Community Based Care Integrated Health (CBCIH), Sunshine Health, or the recipient(s) of the proposed services? |  |  |
| 2. Has there been an offer or exchange of gratuities or anything of monetary value between you, your immediate family, or your business partner and any employee of Embrace Families Foundation, CBCIH, or Sunshine Health? |  |  |
| 3. Within the last 24 months, have you been employed by, or do you plan to seek or accept future employment with, Embrace Families Foundation, CBCIH, Sunshine Health, or the recipient(s) of the proposed services? |  |  |
| 4. Are there any other conditions which may cause a conflict of interest? |  |  |

If you checked “YES” to any of the above questions, please provide more information in the box below. Attach additional sheets as necessary.

|  |
| --- |
|  |

I hereby certify that my answers and any related explanation(s) are true, correct and complete to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |
|  |  |  |
| Title |  |  |
|  |  |  |
| Organization |  |  |