

## NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: Dairen Sarmiento

Title/Position: Division Manager

Contract for Goods/Services: "Dental Care Provider Network HC Indigent Care Level II Program"

Name of Vendors contracting with OR seeking to contract with Hidalgo County:

1. Nuestra Clinica Del Valle Inc.
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

In my review, grading, selection or approval of the above-identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family or gifts exceeding \$100) in connection with the above-identified vendor(s) as required by section 176 of the Texas Local Government Code.

Signed:

Dairen Sarmiento

Date:

2-4-20