

# **NO CONFLICT DISCLOSURE FORM**

**Name of Government Officer/Employee:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_

**Contract for Goods/Services:** \_\_\_\_\_

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

1. \_\_\_\_\_

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:

Date:

\_\_\_\_\_

\_\_\_\_\_