

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. _____

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 \$100.00) in connection with the above identified vendor(s) as required by section 176 of the Texas Local Government Code.

Signature

Date