



## NO-CONFLICT DISCLOSURE FORM

Project No.: 24-0055-03-15-01

Project Name: Direct Primary Care Services

Type of Service: Employee Health Services

Evaluator's Name: Jorge Arcante

Title/Position: Chief Administrator

### Evaluated Firms:

1. Crossover Health

2. DHR Health

3. Frontier Health Access, LLC

4. The University of Texas Rio Grande Valley

Through my evaluation 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 aforementioned potential vendor(s), as required by Section 176 of the Texas Local Government Code.

  
Signature

4-8-24  
Date



## NO-CONFLICT DISCLOSURE FORM

Project No.: 24-0055-03-15-01

Project Name: Direct Primary Care Services

Type of Service: Employee Health Services

Evaluator's Name: Arnoldo Flores

Title/Position: Chief Administrator HC Pct. 2

### Evaluated Firms:

1. Crossover Health
2. DHR Health
3. Frontier Health Access, LLC
4. The University of Texas Rio Grande Valley

Through my evaluation 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 aforementioned potential vendor(s), as required by Section 176 of the Texas Local Government Code.

A handwritten signature in black ink, appearing to read "Arnoldo Flores", is written over a horizontal line.

Signature

Date



## NO-CONFLICT DISCLOSURE FORM

Project No.: 24-0055-03-d  
Project Name: Direct Primary Care Services  
Type of Service: \_\_\_\_\_

Evaluator's Name: Velinda Reyes  
Title/Position: Chief of Staff - Ext. Affairs - P4

### Evaluated Firms:

1. Crossover Health
2. DHR Health
3. Frontier Health Access, LLC
4. The University of Texas Rio Grande Valley

Through my evaluation 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 aforementioned potential vendor(s), as required by Section 176 of the Texas Local Government Code.

Velinda Reyes  
Signature

12/11/24  
Date



## NO-CONFLICT DISCLOSURE FORM

Project No.: 24-0055-03-15-01

Project Name: Direct Primary Care Services

Type of Service: Employee Health Services

Evaluator's Name: Isaac V. Sulemena

Title/Position: Chief of Staff

### Evaluated Firms:

1. Crossover Health
2. DHR Health
3. Frontier Health Access, LLC
4. The University of Texas Rio Grande Valley

Through my evaluation 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 aforementioned potential vendor(s), as required by Section 176 of the Texas Local Government Code.

Isaac V. Sulemena  
Signature

January 6, 2025  
Date



## NO-CONFLICT DISCLOSURE FORM

Project No.: 24-0055-03-15-01

Project Name: Direct Primary Care Services

Type of Service: Employee Health Services

Evaluator's Name: David Suarez

Title/Position: Cheif Administrator

### Evaluated Firms:

1. Crossover Health
2. DHR Health
3. Frontier Health Access, LLC
4. The University of Texas Rio Grande Valley

Through my evaluation 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 aforementioned potential vendor(s), as required by Section 176 of the Texas Local Government Code.

David Suarez  
Signature

12/19/24  
Date