



NO-CONFLICT DISCLOSURE FORM

25-0033

Project No.: _____

Project Name: Precinct 3 Wellness Center

Type of Service: Architect

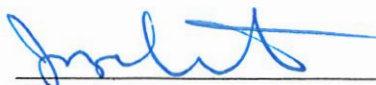
Evaluator's Name: Jorge Arcante

Title/Position: Chief Administrator

Evaluated Firms:

1. Alvarado Architects + Assoc.
2. CGS Architect
3. Sam Garcia Architect

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

1-2-25
Date