



NO-CONFLICT DISCLOSURE FORM

Project No.: 25-0138-07-09-05

Project Name: Consulting Services for Health & Human Services Department for Public Health Provider Charity Care Program Funding Project

Type of Service: Consulting Services

Evaluator's Name: _____

Title/Position: _____

Evaluated Firms:

1. Prolific Success Events & Consulting LLC
2. Justice Benefits, Inc.

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.

Dairen Sarmiento Rangel | Digitally signed by Dairen Sarmiento Rangel
Date: 2025.07.10 08:11:35 -05'00'

Signature

Date



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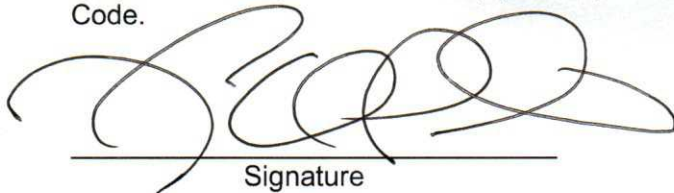
Type of Service: Consulting Services

Evaluator's Name: Guillermo Palacios
Title/Position: Administrative Services Manager

Evaluated Firms:

1. Prolific Success Events & Consulting LLC
2. Justice Benefits, Inc.

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

7-15-25
Date



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Project No.: 25-0138-07-09-05

Project Name: Consulting Services for Health & Human Services Department for Public Health Provider Charity Care Program Funding Project

Type of Service: Consulting Services

Evaluator's Name: Miguel Escarname

Title/Position: DIVISION MANAGER - FINANCIAL ACCOUNTING

Evaluated Firms:

1. Prolific Success Events & Consulting LLC
2. Justice Benefits, Inc.

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.

Miguel Escarname
Signature

7/15/25
Date



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Project No.: 25-0138-07-09-05

Project Name: Consulting Services for Health & Human Services Department for Public Health Provider Charity Care Program Funding Project

Type of Service: Consulting Services


Evaluator's Name: Carlos Olive

Title/Position: Accountant III

Evaluated Firms:

1. Prolific Success Events & Consulting LLC
2. Justice Benefits, Inc.

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

7/15/25

Date