

Conflict of Interest Form

Name:
Business Name (if applicable):
Address:
Phone:
Email:

Have you ever been vendored (i.e., been issued a vendor number) by this or any other Regional Center?

Yes

Name:
Vendor Number:
Regional Center:

No

Conflict of Interest Statement:

[Section 54314 of California's Title 17 Regulations](#), prohibits individuals from being a vendor if you or a member of your or your immediate family meet one of the below criteria. If you are unsure whether your employment or other position creates a conflict, please consult with your regional center liaison.

- a. An officer or employee of the State of California;
- b. Any applicant in which an officer or employee of the State of California has a financial interest (as defined in the Government Code, Section 87103) in your business;
- c. An employee or board member of any regional center and there is a conflict of interest pursuant to [Title 17, Sections 54500 through 54535](#);
- d. An individual or entity in which the regional center employee or board member has a relationship that creates a conflict of interest pursuant to Title 17, Sections 54500 through 5425.

Please complete the below questions to identify any conflicts of interest you may have:

1. Are you or any members of your immediate family an employee, on leave of absence, or an officer or employee of the following?

State of California
Department of Developmental Services
Regional Center
Regional Center Board of Directors
State Developmental Center

If you checked any of the above options, please provide name, relationship to applicant, and any other information relevant to above selection.

2. Does any officer or employee of the State of California have a financial interest in your business?

Yes

No

If you checked yes, please provide additional information:

3. Are there any relationships between you or an immediate family member and a regional center employee or board member that create a conflict of interest?

Yes

No

If you checked yes, please provide additional information:

4. Are there any other circumstances or relationships for you or an immediate family member that you believe would create a conflict of interest in your provision of services to a regional center consumer?

Yes

No

If you checked yes, please provide additional information:

CERTIFICATION:

I have read the CCR Title 17 Regulations at dds.ca.gov, Sections 54500 through 54535, and certify that I either have no conflicts or have identified any possible conflicts above. I also certify that I understand the Conflict of Interest statement.

Applicant's Signature:

Date:

OFFICE USE ONLY:

Applicants signature and affirmation indicate there does not appear to be a conflict of interest per CCR Title 17 Regulations:

Signature:

Date:

Vendor #: