

**Conflict of Interest Certification**

The undersigned, the owner or authorized officer of \_\_\_\_\_ (the "Bidder") hereby certifies and affirms that no Board member or officer, employee, or agent of the Copper Country Intermediate School District (the "Intermediate School District"), **which was involved in the solicitation of the request for bid/proposal, or is likely to be involved in any negotiation, renegotiation, approving or representation of or on behalf of the Intermediate School District**, has any pecuniary or beneficial interest, direct or indirect, in Bidder or Bidder's business as is defined in MCL 15.322 *et seq.*

**\*\*\*Vendors that believe a conflict of interest exists are not necessarily excluded from doing business with the Intermediate School District, however the conflict must be disclosed and certain procedures must be followed regarding the awarding of any bid. Vendors that believe a conflict exists or may exist should contact the Intermediate School District's Business Manager prior to the submission of any bid/proposal by calling (906)482-4250, and selecting option 3.**

Furthermore, the undersigned affirms that it has not provided any gifts, favors, or other benefits to the Intermediate School District Board members, officers, employees, or agents, which could reasonably be deemed to influence their recommendation regarding the Bidder's proposal/bid. And, if the Bidder is awarded a contract with the Intermediate School District, Bidder further affirms that it will not provide any gifts, favors, or other benefits to Intermediate School District Board members, officers, employees, or agents of a value which exceeds the amount established annually by the Michigan Department of Education. This amount is available by contacting the Business Manager by calling (906)482-4250, and selecting option 3

Bidder Name: \_\_\_\_\_

Bidder EIN #: \_\_\_\_\_

By: \_\_\_\_\_

Authorized Representative Name: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

State of \_\_\_\_\_ )  
 )ss.  
County of \_\_\_\_\_ )

This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_ County, \_\_\_\_\_

My commission expires: \_\_\_\_\_