Contractor/Vendor Disclosure Form

(Use when no Federal or State Disclosure Form is required)

Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered with the Secretary of State’s Office to Conduct Business in Arkansas \_\_\_\_\_ Yes \_\_\_\_\_No

Identify each employee of Pulaski County to whom you, any of your

 Employees owning more that 5% interest in your Company, or are a Director/Executive/Decision Maker of your Company are immediately related.

Immediate Relation includes:

* Spouse/Domestic Partner
* Parents-Natural or Legal/Step/In Laws
* Children/Step, Siblings-Whole/Half/Step/ In Laws
* Grandchildren/Step, Great Grandchildren.

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Failure to disclose shall be considered a material breach and grounds for immediate termination of this contract/agreement. **Note: Any change in circumstances resulting in a conflict or appearance of a conflict shall be reported in 30 days of change of circumstance. \_\_\_\_\_ Initials**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Date