

APPENDIX F - RELATIONSHIP AND CONFLICT DISCLOSURE FORM

This form should be completed by the Proponent on its own behalf and on behalf of each member of the Proponent’s team including the Key Firms (if any).

The Proponent declares on its own behalf and on behalf of each member of the Proponent team that:

- a) This declaration is made to the best knowledge of the Proponent and, with respect to the relationships of each member of the Proponent team, to the best knowledge of that member.
- b) The Proponent and the members of the Proponent team have reviewed the definition of Conflict of Interest.
- c) The following is a full disclosure of all known relationships and/or Conflicts of Interest that the Proponent and each member of the Proponent team has, or has had, with:
 - i. City of Langford (COL);
 - ii. Thrive Social Services Society (TS);
 - iii. M’akola Development Services (MDS);
 - iv. any current employees, elected officials, directors or officers, as applicable, of COL, TS, MDS;
 - v. any current employees, elected officials, directors or officers, as applicable, of COL, TS, MDS, who ceased to hold such a position within two calendar years prior to the submission time; and/or
 - vi. any other person who, on behalf of COL, TS, MDS has been involved in the procurement process or the design, planning or implementation of the Deliverables or has confidential information about the Deliverables or the procurement process.

Name of Proponent team member	Name of party with relationship	Details of the nature of the relationship

Name of Proponent

Name of Authorized Signatory

Title of Authorized Signatory

Signature of Authorized Signatory