RFP #CN2025-04
ATTACHMENT #3

NETWORK PROVIDER CONFLICT OF INTEREST ACKNOWLDGEMENT and DISCLOSURE FORM

All organizations and independent practitioners wishing to hold formal network status with ChildNet must disclose the name of any officer, director, or agent who is also an employee of ChildNet or member of ChildNet's board of directors. Such entities must also disclose the name of any ChildNet employee or member of ChildNet's board of directors who has any financial interest in the agency's or person's company or any of its branches.

_____ I understand the above statements and acknowledge that no conflict of interest exists between my agency and ChildNet. I understand that I am expected to report promptly any changes in my affairs that might affect compliance with the above certification. Further, I understand that ChildNet requires its Network Providers to have a process for employees to disclose any and all relationships that exists with services being managed or provided through ChildNet.

_____ I am reporting the following potential conflicts in the below section.

Agency or Business Name _____

_____	_____	_____
Name (print)	Signature	Date

Disclosures required above are as follows:

_____

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