

## **CONFLICT OF INTEREST AND CONFIDENTIALITY STATEMENT**

I certify that I/We have no personal or financial interests and no present employment or activity which would be incompatible with this organization's participation in any activity related to the RFP or execution of the awarded Individualized Education Program (IEP) Facilitation Network contract. For the duration of this organization's involvement in the IEP Facilitation Network contract, this organization agrees not to accept any gift, benefit, gratuity or consideration, or begin a personal or financial interest in a party who is bidding and/or proposing, or associated with a bidder and/or proposer on the IEP Facilitation Network contract.

I certify that this organization will keep all IEP Facilitation Network contract information confidential and secure. This organization will not copy, give or otherwise disclose such information to any other person unless the California Department of Education (CDE) has on file a confidentiality agreement signed by the other person, and the disclosure is authorized and necessary to the IEP Facilitation Network contract. I understand that the information to be kept confidential includes, but not limited to, test items, test forms and related materials involving test security and validity; student records, data files, data disc, and any personally identifiable information (PII); written documents, analyses. I understand that if this organization leaves this IEP Facilitation Network contract before it ends, this organization must still keep all contract information confidential. I agree to follow any instructions provided by the CDE relating to the confidentiality of the IEP Facilitation Network contract information.

I fully understand that any unauthorized disclosure made by this organization may be a basis for civil or criminal penalties and/or disciplinary action (including dismissal for State employees). I agree to advise the Contract Monitor, at 916-323-9782 immediately in the event that I or another person within this organization either learn or have reason to believe that any person who has access to the IEP Facilitation Network contract confidential information has or intends to disclose that information in violation of this agreement.

This statement must be fully completed and signed by an authorized representative.

Company Name:

Authorized Representative/Title:

Phone Number:

Fax Number:

E-mail Address:

Signature:

Date:

This information is subject to verification by the State of California. If the State finds a misrepresentation, the bid may be automatically disqualified from the procurement process or the contract may be canceled.

Return this Conflict of Interest and Confidentiality Statement, as a condition of receipt of this contract, to:

Sherry Rickenbach  
California Department of Education  
Special Education Division  
1430 N Street, 2401  
Sacramento, CA 95814  
E-mail: [SRickenbach@cde.ca.gov](mailto:SRickenbach@cde.ca.gov)