

NORTH BROWARD HOSPITAL DISTRICT

CONFLICT OF INTEREST QUESTIONNAIRE FORM
VENDORS/CONTRACTORS/SUBCONTRACTOR/AGENTS

1. **Outside Interests (Other than investments)** To the best of your knowledge, do you or does any Key Employee of your organization hold a position as officer, partner, director, or otherwise in any business entity which does business with or competes with the North Broward Hospital District?

PLEASE CHECK APPLICABLE:

None

Disclosure (explain below)

2. **Investments** - To the best of your knowledge, do you or does any Key Employee of your organization have a material interest (including the direct or indirect ownership of the assets or equity of a business entity) in any business entity: (i) which does business with or competes with the North Broward Hospital District, or (ii) wherein the opportunity for personal gain is materially increased due to the relationship of the North Broward Hospital District with the business entity in which there is a material interest.

PLEASE CHECK APPLICABLE:

None

Disclosure (explain below)

3. **Outside Activities** To the best of your knowledge, do you or does any Key Employee of your organization render services (including directive, managerial, or consultative) to any business entity that does business or competes with the North Broward Hospital District.

PLEASE CHECK APPLICABLE:

None

Disclosure (explain below)

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4. **Inside Information** To the best of your knowledge, do you or does any Key Employee of your organization have access to information relating to the North Broward Hospital District's business, which information (i) is not available to members of the general public, (ii) is accessible by reason of your or such Key Employee's affiliation with the North Broward Hospital District, and (iii) is or can be used for your personal gain or benefit.

PLEASE CHECK APPLICABLE:

None

Disclosure (explain below)

I have read the referenced policy regarding disclosure of conflict of interest and agree to abide by the provisions thereof. **I acknowledge that the disclosure of conflicts of interest or potential conflicts is an ongoing obligation and further agree to disclose any changes to these answers. I further acknowledge that a failure to disclose or to resolve such conflicts is a violation of the Code of Conduct of the North Broward Hospital District.** I have disclosed to the best of my knowledge any potential conflict of interest in the comments sections (above) or have attached additional documents which describe such potential conflicts. I understand that my deliberate failure to make a full disclosure of any potential conflict of interest may constitute cause for the immediate termination of any and all Agreements with the North Broward Hospital District.

Date

Signature

Title

Business Name