# Appendix 6 - 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 Supplier Resources and Subcontractors (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 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) BC Housing;

(ii) any current employees, elected officials, directors or officers, as applicable, of BC Housing;

(iii) any current employees, elected officials, directors or officers, as applicable, of BC Housing or any listed Restricted Party, who ceased to hold such a position within two calendar years prior to the Submission Deadline; and/or

(iv) any other person who, on behalf of BC Housing 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.

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| --- | --- | --- |
| **Name of Proponent team member** | **Name of party with relationship** | **Details of the nature of the relationship** |
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Name of Proponent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name of Authorized Signatory

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Title of Authorized Signatory



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of Authorized Signatory

*(Insert signature image)*

If the Proponent is a partnership or joint venture – provide a form for each of its partners or joint venturers, as applicable.