

**EXHIBIT G**  
**NO CONFLICT OF INTEREST STATEMENT**

GACS RFP No.: RFP2-2018-003

Name of Offeror: \_\_\_\_\_

The Government Procurement Code requires that vendors desiring to enter into certain contracts must disclose certain information concerning a potential conflict of interest.

We declare that there is NO CONFLICT OF INTERET:

**Name of Vendor:** \_\_\_\_\_

**Name of Parent Organization (if any)** \_\_\_\_\_

**Signature of Authorized Agent:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Contact Person – Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Contact (Bus. / Cell Phone)** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**POTENTIAL CONFLICT OF INTEREST (if any)**

Responder shall identify each entity as may be deemed to be a potential conflict of interest and provide descriptive information to disclose the potential conflict and the time period during which the potential conflict of interest will exist.

NONE KNOWN \_\_\_\_\_

**POTENTIAL CONFLICT:** List each potential conflict with below information.

**Name of Entity:**

**Potential Conflict:**

**Describe Percentage of Involvement:**

**Time Period of Potential Conflict:**