

**RFP-25-79135****Intra-agency/Interagency Confidential and Deliberative Material****Nondisclosure and Conflict of Interest Agreement**

I understand and acknowledge that I will serve as either an evaluator or advisor on the RFP-25-79135 evaluation team.

- Evaluators are responsible for reviewing, evaluating and scoring respondent proposals.
- Advisors are responsible for advising and assisting the evaluators in reviewing respondent proposals.

In doing so, I agree to fulfill the responsibilities and obligations set forth herein.

1. I understand and acknowledge that I am either:
  - A. a state employee, as defined by **Indiana Code 4-2-6-1**; or
  - B. an employee and/or representative of another Governmental Body<sup>1</sup>; or
  - C. a contractor assigned by my employer to projects for the State of Indiana; or
  - D. a subject matter expert for the state of Indiana; and am bound, or agree to be bound, by the Indiana Code of Ethics and the applicable rules and regulations, and abide by the same substantive restrictions and requirements set forth herein. **See 42 Indiana Administrative Code 1.**
  
2. I understand and acknowledge that I am prohibited from disclosing confidential information or benefiting from such information, per **42 IAC 1-5-10 and 11**. In addition to “information of a confidential nature,” as defined by **Ind. Code 4-2-6-1(a)(12)** and for purposes of this agreement, confidential information shall also include information discussed, reviewed or presented during any phase of the solicitation process, the contents of the proposals or any other materials from which this solicitation was developed, except as specifically approved by the Indiana Department of Administration. Further, I will not identify the names of any evaluation team members to persons not directly engaged in the evaluation, except where necessary in official solicitation communications.
  
3. As an evaluation team member, I understand that I may be vested with decision-making authority, as contemplated by Ind. Code 4-2-6-9, and that I have no direct or indirect financial interest in any of the respondent’s proposals. Such direct or indirect financial interests also include any of the following:
  - A. A personal financial interest;
  - B. A financial interest of an immediate family member;
  - C. A business organization in which I serve as an officer, a director, a trustee, a partner or an employee;
  - D. Any person or organization with whom I am negotiating or has an arrangement concerning prospective employment;
  - E. Any financial interest such as direct or trust interest in stocks, bonds, and other rights or continued participation in employee benefit or welfare plans with profit sharing or stock bonus provisions which arose out of former employment; or
  - F. Any other interest or connection that might create the appearance of impropriety regarding:
    - i. Use of public office or position for private gain;
    - ii. Preferential treatment to any proposal(s); or
    - iii. Any other impairment to the evaluation team’s objectivity.
  
4. Subject to the exceptions set forth in **Ind. Code 4-2-6-10.5**, I understand that I am prohibited from knowingly having a financial interest in a contract made by an agency.
  
5. I have or will promptly review the Indiana Code of Ethics. **See Ind. Code 4-2-6 and 42 IAC 1.**
  
6. I understand and acknowledge that should any potential conflict arise, I will immediately notify the Indiana Department of Administration’s Procurement Division.

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<sup>1</sup> **Governmental Body** - defined as an agency, a board, a branch, a bureau, a commission, a council, a department, an institution, an office, or another establishment of any of the following: (1) The judicial branch (2) The legislative branch (3) A political subdivision (includes towns, cities, local governments, etc.) or (4) A state educational institution of a state educational institution.

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EVALUATOR SIGNATURES

Your signature indicates you are an evaluator and that you have read and understood the above Nondisclosure and Conflict of Interest Agreement information.

Dane Minnick		DMHA	Bureau Chief
Evaluator Name Printed	Evaluator Signature	Organization	Title
Jeannie Bellman		DMHA	Assistant Director
Evaluator Name Printed	Evaluator Signature	Organization	Title
Catherine Thomas		DMHA	Program Director
Evaluator Name Printed	Evaluator Signature	Organization	Title
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Evaluator Name Printed	Evaluator Signature	Organization	Title
Evaluator Name Printed	Evaluator Signature	Organization	Title
Evaluator Name Printed	Evaluator Signature	Organization	Title
Advisor Name Printed	Advisor Signature	Organization	Title
Advisor Name Printed	Advisor Signature	Organization	Title