



Arnold Schwarzenegger  
Governor

**California Health and Human Services Agency**  
**Office of Systems Integration**  
P.O. Box 138014  
Sacramento, California 95813-8014

**Conflict of Interest Certification**

I certify that I have no personal or financial interest and no present or past employment or activity that is incompatible with my participation in any activity related to the planning or procurement processes for the Office of Systems Integration project described below (hereinafter "the Project"). I further certify that neither my spouse nor my dependent child(ren) have a personal or financial interest and no present employment that would be incompatible with my participation in Project activities. For the duration of my involvement in this Project, I agree not to accept any gift, benefit, gratuity or consideration, or begin a personal or financial interest in any party who is bidding or associated with a bid on the Project. I am able to give full, fair and impartial consideration to this project.

**Confidentiality Certification**

I further certify that I will hold in the strictest confidence and will not copy, disclose or give access to any person, who has not signed a copy of this confidentiality agreement, any information or data concerning the planning, design, development, processes, procedures, correspondence, working papers or any other information, in any form, that is made available to, or is accessible by me as part of my participation in the Project. I fully understand that any disclosure of Project information may be a basis for civil or criminal penalties and/or disciplinary action, including termination or dismissal.

I understand that if my service ends before the end of the Project, I must continue to always keep confidential all Project information which was made available to me as part of my duties and participation with the Project. I agree to follow any instruction provided by the Office of Systems Integration relating to the confidentiality of Project information.

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_ (Print)  
Date: \_\_\_\_\_  
Position: \_\_\_\_\_  
Employer: \_\_\_\_\_ (State or Contractor/Consultant)  
Title: \_\_\_\_\_  
Division/Unit: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Project Identification:**       **Child Welfare Services/Case Management System Contract 31091 and/or**  
    **New System Procurement(s)**

**Instructions**

- **Return Original Signed Certification to CWS/CMS M&O Project Administration**
- **New System Staff to return signed certification to New System Administration or fax to Megan Johnson at (916) 263-4284**
- **Keep Copy for Self (and Contract/Consultant's Employer) if desired**