COUNTY OF LAKE
CONSULTANT SELECTION PARTICIPANTS CERTIFICATION
OF
CONFLICT OF INTEREST

NAME OF PROJECT:
Phone RFP Review

I, the undersigned, do hereby certify the following:

1. That I have reviewed and am familiar with the County of Lake CONFLICT OF INTEREST POLICY (attached herewith) and that my participation in this Consultant Selection Process does not represent a conflict of interest under said County Policy.
2. I understand that I am specifically prohibited from engaging in any practice which might result in unlawful activity including, but not limited to, rebates, kickbacks, or other unlawful consideration, relative to the selection process.

Signatures of Participants:

(Signature)	5-25-16 (Date)	(Signature)	(Date)
(Signature)	5/25/16 (Date)	(Signature)	(Date)
(Signature)	10/17/17 (Date)	(Signature)	(Date)
(Signature)	5/25/16 (Date)	(Signature)	(Date)
(Signature)	(Date)	(Signature)	(Date)