

**Attachment A—Independence Disclosure Form**

## Arizona Auditor General—Independence Disclosure

I, \_\_\_\_\_, as the offeror’s authorized agent, hereby certify the following information related to independence: (Initial lines 1 through 9 as appropriate below. If you initial lines 2, 4, 6, and/or 8, provide details in the spaces provided. If additional space is needed, prepare and attach to this proposal a document entitled “Independence Disclosure—Offeror”).

1. \_\_\_\_ The person or firm is not currently performing work, paid or volunteer, and has not conducted work, paid or volunteer, in the last 10 years for the State of Arizona, including the Arizona Department of Health Services.
  
2. \_\_\_\_ The person or firm is currently performing the following work, paid or volunteer, or has conducted the following work, paid or volunteer, in the last 10 years for the State of Arizona, including the Arizona Department of Health Services (describe below).

Entity	Dates work initiated and ended	Nature of work performed

3. \_\_\_\_ The person or firm does not currently lobby or has not lobbied the Arizona Legislature in the last 10 years.
  
4. \_\_\_\_ The person or firm currently lobbies or has lobbied the Arizona Legislature in the last 10 years (describe below).

Individual lobbying	Dates lobbying initiated and ended	Nature of lobbying

5. \_\_\_\_ The person or a firm employee is not currently or has not been a member of the Legislature or a governing board related to the Arizona Department of Health Services in the last 10 years.
  
6. \_\_\_\_ The person or a firm employee is currently or has been a member of the Legislature or a governing board related to the Arizona Department of Health Services in the last 10 years (describe below).

Entity	Legislator/Board member	Dates term began and ended

7. \_\_\_\_ The person or firm does not currently have a direct or indirect financial interest in the State of Arizona, including the Arizona Department of Health Services; for example, investing in an entity's debt securities.
8. \_\_\_\_ The person or firm currently has a direct or indirect financial interest in the State of Arizona, including the Arizona Department of Health Services (describe below); for example, investing in an entity's debt securities.

Entity	Nature of financial interest

9. \_\_\_\_ The person or firm is not subject to any influences or pressures that would affect the person or firm's ability to perform the responsibilities under the proposal and make objective judgments regarding the State of Arizona, including the Arizona Department of Health Services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In addition, please include in the proposal the following form completed by each individual performing work per the proposal.

### Arizona Auditor General—Independence Disclosure

I, \_\_\_\_\_, as an individual identified as performing work per the proposal, hereby certify the following information related to independence: (Initial lines 1 through 11 as appropriate below. If you initial lines 2, 4, 6, and/or 8, provide details in the spaces provided. If additional space is needed, prepare and attach to this proposal a document entitled "Independence Disclosure—Key Staff.")

1. \_\_\_\_\_ I, as an individual or employee, am not currently performing work, paid or volunteer, and have not conducted work, paid or volunteer, in the last 10 years for the State of Arizona, including the Arizona Department of Health Services.
  
2. \_\_\_\_\_ I, as an individual or employee, am currently performing the following work, paid or volunteer, or have conducted the following work, paid or volunteer, in the last 10 years for the State of Arizona, including the Arizona Department of Health Services (describe below).

Entity	Dates work initiated and ended	Nature of work performed

3. \_\_\_\_\_ I, as an individual or employee, do not currently lobby or have not lobbied the Arizona Legislature in the last 10 years.
  
4. \_\_\_\_\_ I, as an individual or employee, currently lobby or have lobbied the Arizona Legislature in the last 10 years (describe below).

Dates lobbying initiated and ended	Nature of lobbying

5. \_\_\_\_\_ I, as an individual or employee, am not currently a member or have not been a member of the Legislature or a governing board related to the Arizona Department of Health Services in the last 10 years.
  
6. \_\_\_\_\_ I, as an individual or employee, am currently or have been a member of the Legislature or a governing board related to the Arizona Department of Health Services in the last 10 years (describe below).

Entity	Legislator/Board member	Dates term began and ended


- 7. \_\_\_\_ I, as an individual or employee, do not have a direct or indirect financial interest in the State of Arizona, including the Arizona Department of Health Services; for example, investing in an entity's debt securities.
- 8. \_\_\_\_ I, as an individual or employee, have a direct or indirect financial interest in the State of Arizona, including the Arizona Department of Health Services (describe below); for example, investing in an entity's debt securities.

Entity	Nature of financial interest

- 9. \_\_\_\_ I, as an individual or employee, have no relationships with management or personnel of the State of Arizona, including the Arizona Department of Health Services that would cause me to take a position that is not objective.
- 10. \_\_\_\_ I, as an individual or employee, hold no biases as a result of political, ideological, social, or other convictions regarding the State of Arizona, including the Arizona Department of Health Services that would cause me to take a position that is not objective.
- 11. \_\_\_\_ I, as an individual or employee, am not subject to any influences or pressures that would affect my ability to perform the responsibilities under the proposal and make objective judgments regarding the State of Arizona, including the Arizona Department of Health Services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_