



THIS SECTION TO BE COMPLETED BY THE REQUESTING SCHOOL OR DEPARTMENT

Date Submitted: _____ Requested Completion Date: _____

Name/Title of Individual Submitting for Review: _____

School/Department: _____ Phone #: _____

Document/Contract Title: _____

Vendor Name & Additional Information *(include both Public Disclosure Forms fully executed w/submission)*:

Contract Amount: _____ Term Dates: _____ to _____

Budget # to be charged: _____

REQUIRED APPROVALS/SIGNATURES

Principal (for school) / Department Head (for dept.): _____

Area Superintendent (required for schools): _____

Chief Officer (required for departments): _____

Chief IT Officer (if applicable for Software/License Agreements): _____

Upon completion of the above, send this form, any related documentation, including fully executed Public Disclosure Forms (Pages 2 and 3 attached), and the contract/document to the Purchasing Department via email (purchasing@washoeschools.net). Original signatures are not required.

THIS SECTION TO BE COMPLETED BY THE PURCHASING DEPARTMENT

Other Approval (if applicable) (i.e. Curriculum, Assessment, etc.): _____

Business Office **or** Grants Dept. (fund confirmation): _____

Purchasing Staff Assigned: _____

Insurance Required? Yes _____ No _____ Public Disclosure Forms: _____ Staff _____ Vendor

Approved _____ Dated: _____

Director of Procurement and Contracts Approval: _____

Comments:

TO BE COMPLETED BY THE OFFICE OF THE GENERAL COUNSEL or GRANTS LEGAL COUNSEL

Is a Parent/Guardian Consent/Waiver Required? Yes _____ No _____

Approved as to Form: _____ Dated: _____ Re-Draft _____ Dated: _____

(If redraft is required, revised contract must be re-submitted for approval)

General Counsel or Grants Legal Counsel Approval: _____

Comments:

**WASHOE COUNTY SCHOOL DISTRICT
PUBLIC DISCLOSURE FORM**

WCSD REQUESTOR (STAFF/EMPLOYEE) (A)

THIS IS A REQUIRED FORM TO BE COMPLETED, SIGNED, AND SUBMITTED WHEN REQUESTED BY WCSD.

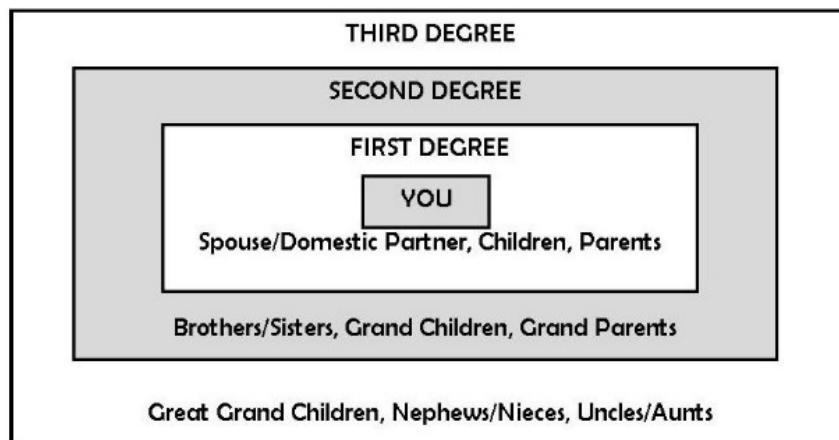
WCSD REQUESTOR (STAFF/EMPLOYEE) FIRST/LAST NAME: _____

I understand that per NRS 281A.020 a public office is a public trust and shall be held for the sole benefit of the people, and a public officer or employee must commit themselves to avoid conflicts between the private interests of the public officer or employee and those of the general public who the public office or employee serves.

Furthermore, I understand that pursuant to Washoe County School District (WCSD) Board of Trustees Policy 4505 and per NRS 281A.400, WCSD employees (as public officers) shall not seek and/or accept any gift, work/service, favor, employment, engagement, emolument, and/or economic opportunity, including, but not limited to, unlawful compensation, salary, retainer, augmentation, expense allowance, commission, personal profit, pecuniary interest in the course of performing WCSD duties. In addition, WCSD employees (as public officers) shall not use their positions to secure and/or grant unwarranted privileges, preferences, exemptions, and/or advantages for the public officer or employee with any business entity.

I certify and acknowledge by signature below that I am a duly authorized agent of the submitting organization named above and that failure to disclose all facts relative to a conflict and/or potential conflict of interest (ethical standards) with regards to the specific solicitation to which the organization is submitting to WCSD may result in a rejection of said solicitation submission and/or termination of any resulting contract should the above-named organization be awarded.

- A. I certify that I and the principal(s) and/or key personnel of my organization have no pecuniary/financial interests between WCSD, Officers of WCSD, key employees of WCSD, current and former WCSD Board of Trustees members, and any other current and former WCSD personnel.
- B. To the third degree of consanguinity (refer to the chart below), I have listed all of my and the principal(s) and key personnel of my organization's personal relationships, partnerships, correlations, and relatives (by blood and/or marriage) between WCSD, Officers of WCSD, key employees of WCSD, current and former WCSD Board of Trustees members and any other current and former WCSD personnel.



**WASHOE COUNTY SCHOOL DISTRICT
PUBLIC DISCLOSURE FORM**

VENDOR/CONTRACTOR (B)

THIS IS A REQUIRED FORM TO BE COMPLETED, SIGNED, AND SUBMITTED WHEN REQUESTED BY WCSD.

VENDOR/CONTRACTOR COMPANY NAME: _____

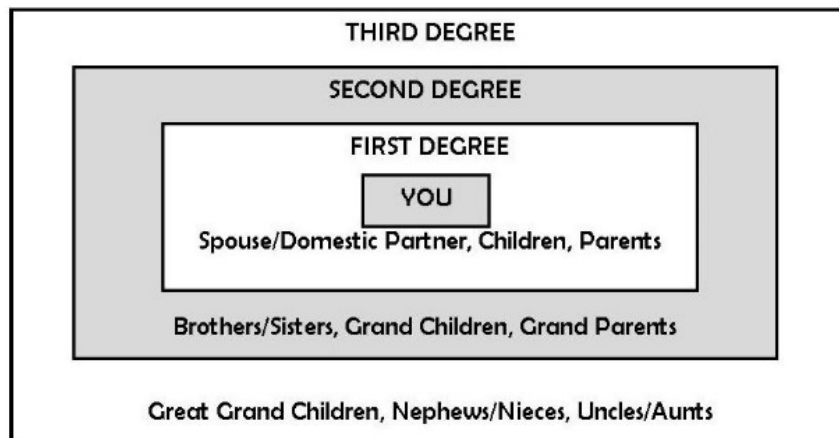
COMPANY'S AUTHORIZED REPRESENTATIVE NAME (FIRST/LAST): _____

I understand that per NRS 281A.020 a public office is a public trust and shall be held for the sole benefit of the people, and a public officer or employee must commit themselves to avoid conflicts between the private interests of the public officer or employee and those of the general public who the public office or employee serves.

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- A. I certify that I and the principal(s) and/or key personnel of my organization have no pecuniary/financial interests between WCSD, Officers of WCSD, key employees of WCSD, current and former WCSD Board of Trustees members, and any other current and former WCSD personnel.
- B. To the third degree of consanguinity (refer to the chart below), I have listed all of my and the principal(s) and key personnel of my organization's personal relationships, partnerships, correlations, and relatives (by blood and/or marriage) between WCSD, Officers of WCSD, key employees of WCSD, current and former WCSD Board of Trustees members and any other current and former WCSD personnel.



Complete the form below. Additional sheets may be attached if necessary. Please put **N/A** on the first line below if Items A and B on Page 4 of 5 of this form are not applicable. This is a required field even if N/A is the response.

THIS IS A REQUIRED FORM TO BE COMPLETED, SIGNED, AND SUBMITTED WHEN REQUESTED BY WCSD.

Submitting Organization Employee Name (First, Last)	Title / Position	Relations / Association to WCSD Personnel	Name of WCSD Personnel	Pecuniary Interest (Y or N)

PRINT NAME: _____
TITLE: _____
DATE: _____
SIGNATURE: _____