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**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: \_\_\_\_\_

Term Dates: \_\_\_\_\_ to \_\_\_\_\_

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

**REQUIRED APPROVALS/SIGNATURES**

Principal (for schools) / Department Head (for depts.): \_\_\_\_\_

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), with the contract/document to:

- Office of the General Counsel (non-grant related) via email at [legal@washoeschools.net](mailto:legal@washoeschools.net); OR
- Grants Department (grant related) via email to [grants@washoeschools.net](mailto:grants@washoeschools.net).

Original signatures are not required.

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**THIS SECTION TO BE COMPLETED BY THE OFFICE OF THE GENERAL COUNSEL (non-grant related) or GRANTS LEGAL COUNSEL (grant related)**

Is a Parent/Guardian Consent/Waiver Required? Yes \_\_\_\_\_ No \_\_\_\_\_

Approved: \_\_\_\_\_ Dated: \_\_\_\_\_ Re-Draft \_\_\_\_\_ Dated: \_\_\_\_\_

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

Public Disclosure Form: \_\_\_\_\_ Staff \_\_\_\_\_ Vendor \_\_\_\_\_

General Counsel or Grants Legal Counsel Approval: \_\_\_\_\_

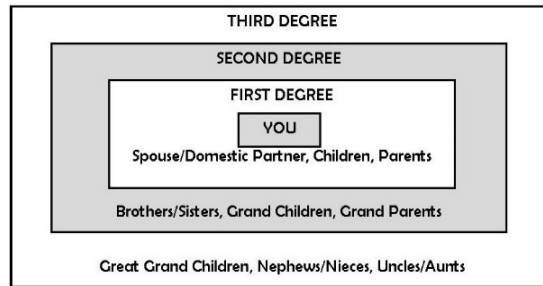
Comments:

**PUBLIC DISCLOSURE FORM**  
**To Be Completed By WCSD Staff Requesting Review**

**Staff Name and Title:** \_\_\_\_\_

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 himself or herself 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 or accept any gift, service, favor, employment, engagement, emolument 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 or grant unwarranted privileges, preferences, exemptions or advantages for the public officer or employee with any business entity. I certify and acknowledge by signature below that I am a WCSD employee and that failure to disclose all facts relative to a conflict or potential conflict of interest (ethical standards) with regards to the specific solicitation to which the firm/agency is submitting to WCSD may result in a violation of District policy, regulation and/or state law related to ethics.

1. I certify that I have no pecuniary/financial interests with Vendor/Contractor and/or any Principal or Staff of Vendor/Contractor.
2. To the third degree of consanguinity (refer to chart below), I have listed all of my personal relationships, partnerships, correlations, and relatives (by blood and/or marriage) with Vendor/Contractor.



Complete chart below. Additional sheets may be attached, if necessary. Write in **N/A** if non-applicable.

WCSD Employee or Employee Relation's Name (First, Last)	Title / Position	Relations / Association to Vendor/Contractor	Pecuniary Interest (Y or N)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

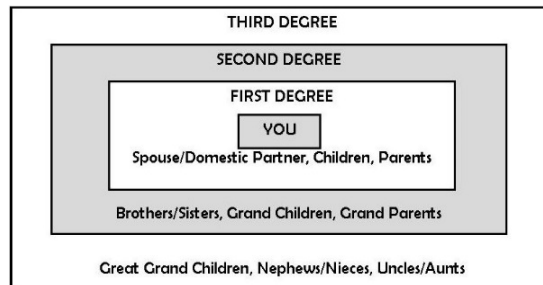
Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PUBLIC DISCLOSURE FORM**  
**To Be Completed By Vendor/Contractor**

**Vendor/Contractor 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 himself or herself 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 or accept any gift, service, favor, employment, engagement, emolument 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 or grant unwarranted privileges, preferences, exemptions 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 firm/agency named above and that failure to disclose all facts relative to a conflict or potential conflict of interest (ethical standards) with regards to the specific solicitation to which the firm/agency is submitting to WCSD may result in a rejection of said solicitation submission or termination of any resulting contract/agreement should the above-named firm be awarded.

1. I certify that I and my firm/agency and/or principals of my firm/agency 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.
2. To the third degree of consanguinity (refer to chart below), I have listed all of my and firm/agency principals and firm/agency key personnel's personal relationships, partnerships, correlations, and relatives (by blood and/or marriage) between WCSD, Officers of WCSD, key employee of WCSD, current and former WCSD Board of Trustees members and any other current and former WCSD personnel.



Complete chart below. Additional sheets may be attached, if necessary. Write in **N/A** if non-applicable.

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

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_