

**ETHICS IN CONTRACTING VENDOR FORM**

**(DISCLOSURE OF RELATIONSHIPS WITH DWIHN  
CONTRACT MANAGERS BY OWNERS AND OFFICERS OF  
BUSINESS SUBMITTING QUOTE)**

- This form must be completed by a person holding a key position in the business, such as, an officer, director, trustee, partner, senior engineer or sales manager and have influence in making this bid or response or in performing the contract if the Detroit Wayne Integrated Health Network (DWIHN) awards it to your business.
- **Please fill out this form to the best of your knowledge and belief.**
- Detach and make additional copies of this form if needed.
- If you are unsure about what to disclose, contact the Purchasing Director at (313) 344-9099.
- **You are not required to question family members beyond what you already know of their affairs.**
- Submit this form with your quote/bid/proposal. A copy will be kept on file by the DWIHN's Purchasing Director.
- If you fail to fully disclose the required information below, the DWIHN may terminate your contract if your business is awarded one.

1. Are you an immediate family member of a DWIHN employee?  YES  NO

If Yes: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Department: \_\_\_\_\_ Title: \_\_\_\_\_

2. Without any further inquiry, are you aware if your business has employed an immediate family member of a DWIHN employee within the previous twelve (12) months?  YES  NO

If Yes: Name: \_\_\_\_\_  
Department: \_\_\_\_\_ Title: \_\_\_\_\_

3. Without any further inquiry, are you aware if your business has discussed hiring an immediate family member of a contract manager within the past twelve (12) months?  YES  NO

If Yes: Name of Contract Manager: \_\_\_\_\_  
Department: \_\_\_\_\_ Title: \_\_\_\_\_

4. Do you and a contract manager each have a substantial financial interest in one or more of the same business ventures?  YES  NO

If Yes: Name of Contract Manager: \_\_\_\_\_  
Department: \_\_\_\_\_ Title: \_\_\_\_\_

**ETHICS CERTIFICATION**

I certify that I have disclosed all information within my knowledge, which is required by this disclosure form.

Name (Please Print): \_\_\_\_\_

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

Company Name: \_\_\_\_\_

Company Tax ID #: \_\_\_\_\_

**ETHICS DEFINITIONS**

**Contract Manager**

An elected or appointed DWIHN official identified as having significant discretion over DWIHN contracts.

**Immediate Family**

Your Father, Mother, Son, Daughter, Brother, Sister, Uncle, Aunt, Great Aunt, Great Uncle, First Cousin, Nephew, Niece, Husband, Wife, Grandfather, Grandmother, Grandson, Granddaughter, Father-In-Law, Mother-In-Law, Son-in-Law, Daughter-In-Law, Brother-In-Law, Sister-In-Law, Stepfather, Stepmother, Stepson, Stepdaughter, Stepbrother, Stepsister, Half Brother, Half Sister, and including the Grandfather or Grandmother of an individual's Spouse. It shall also include a former spouse or an individual with whom the public servant has had a child in common.

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**Substantial Financial Interest**

- Ownership of any interest or involvement in any relationship, which results in the receipt of \$500 or more per year. Exceptions: Market-rate from a financial institution; income from the ownership of less than \$10,000 of stocks and bonds traded on the national stock exchanges.
- Holding a key position in a business such as officer, director, trustee, partner or sales manager. Exceptions: Officers who serve without compensation on the boards of charitable organizations.