



**VENDOR AND CONTRACTOR CONFLICT OF INTEREST,
OWNERSHIP AND FINANCIAL DISCLOSURE QUESTIONNAIRE**

To assist South Broward Hospital District d/b/a Memorial Healthcare System (“Memorial”) in complying with applicable federal and state laws, regulations, accreditation standards, ethical obligations, and public contracting requirements, vendors, contractors, subcontractors, consultants, and other entities that do business with or provide goods or services to Memorial are required to complete this Questionnaire.

Legal Entity Name: _____

DBA (if applicable): _____

Authorized Representative: _____

Title: _____

Email Address: _____

Phone Number: _____

Address: _____

Type of Respondent (check one):

- Vendor/Supplier
- Contractor
- Subcontractor
- Consultant
- Other: _____

Date Completed: _____

Definitions

For purposes of this Questionnaire:

“Immediate Family Member” means husband or wife; birth or adoptive parent, child, or sibling; stepparent, stepchild, stepbrother, or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.

“Financial Interest” means any direct or indirect economic interest, including but not limited to ownership interests, investments, debt interests, compensation arrangements, consulting fees, honoraria, gifts, royalties, commissions, loans, or any other financial benefit.

“Ownership Interest” means any direct or indirect equity, stock, partnership, membership, joint venture, or other ownership stake in an entity

“**Memorial**” means South Broward Hospital District d/b/a Memorial Healthcare System and its hospitals, affiliates, subsidiaries, employed medical groups, foundations, joint ventures, controlled entities, and departments.

“**Physician**” means a Doctor of Medicine or Osteopathy, a Doctor of Dental Surgery or Dental Medicine, a Doctor of Podiatric Medicine, a Doctor of Optometry, or a Chiropractor.

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1. Does your organization currently have any active contract, purchase order, bid response, proposal, subcontract, consulting arrangement, or pending business opportunity with Memorial?

Response (Select One):

- Yes
 No

If yes, please explain:

2. Does your organization intend to use, or is it currently using, any subcontractor, subconsultant, or other third party to perform any portion of the goods or services provided to Memorial?

Response (Select One):

- Yes
 No

If yes, please identify the subcontractor(s) and describe the scope of work they will perform:

3. To the best of your organization’s knowledge after reasonable inquiry, does any such subcontractor or third party have any ownership, financial, family, employment, or other relationship with Memorial, any Memorial employee, officer, board member, or Physician that would be required to be disclosed if the subcontractor were completing this Questionnaire directly?

Response (Select One):

- Yes
 No
 N/A

If yes, please identify the subcontractor(s) and describe the relationship:

4. Is the organization owned or controlled in whole or in part by any Physician, healthcare provider, Memorial employee, or Immediate Family Member of any such individual?

Response (Select One):

Yes

No

If yes, please explain:

5. Does any owner, officer, executive, manager, sales representative, employee, or agent of your organization have any personal, family, or financial relationship with any Memorial employee, Physician, board member, or agent?

Response (Select One):

Yes

No

If yes, please explain:

6. Does your organization control, or have an Ownership Interest or Financial Interest in any entity that provides healthcare services, staffing, supplies, equipment, consulting, or other services to Memorial?

Response (Select One):

Yes

No

If yes, please explain:

7. Has your organization provided compensation, gifts, entertainment, travel, meals, loans, discounts, rebates, or anything of value (even of nominal value) to any Memorial employee or representative within the last twenty-four (24) months?

Response (Select One):

Yes

No

If yes, please explain:

8. Does your organization employ or have a contract with any Memorial Physician?

Response (Select One):

Yes

No

If yes, please identify the Physician and explain the nature of the employment or contractual relationship:

9. Is your organization or any owner, officer, or key employee of your organization currently excluded, suspended, debarred, sanctioned, ineligible for participation in, or under investigation by any federal or state healthcare or government program or agency?

Response (Select One):

Yes

No

If yes, please explain:

10. Has your organization been investigated, cited, fined, or settled allegations involving fraud, kickbacks, bribery, false claims, procurement misconduct, or material regulatory violations within the last five (5) years?

Response (Select One):

Yes

No

If yes, please explain:

11. Are you aware of any other relationship, activity, investment, arrangement, or circumstance not disclosed above that could create an actual, potential, or perceived conflict of interest involving Memorial?

Response (Select One):

Yes

No

If yes, please explain:

By signing below, I certify that I am authorized to complete this Questionnaire on behalf of the respondent organization and that the information provided is true, complete, and accurate to the best of my knowledge, information, and belief after reasonable inquiry. I understand that I have a continuing obligation to promptly disclose any material change or newly arising actual, potential, or perceived conflict of interest. I understand that failure to provide complete and truthful information may result in corrective action, including, without limitation, termination of contractual relationships, exclusion, debarment, or suspension from future contractual relationships with Memorial, or other remedies permitted by law or policy. I further acknowledge and understand that knowingly making false statements or material omissions in this Questionnaire may subject me to civil or criminal penalties, as provided in §837.06, Fla. Stat.

Signature

Date

Print Name