



COUNTY OF MACOMB VENDOR DISCLOSURE FORM

The Macomb County ethics ordinance requires vendors of the County to complete and file a disclosure statement, the purpose of which is to disclose any financial relationships or other conflicts of interest that may exist between vendors and employees or elected officials (or their appointees) of the County. Once filed, the disclosure form does not need to be updated unless there is a change in circumstance that would cause the answer to any of the questions to change, at which time an amended disclosure form must be filed. Filing of the disclosure form is considered a condition of payment.

			Vendor Number (If Known):	
Vendor Name:			Vendor Phone Number:	
Street Address:	City:	State:	Zip Code:	

1. Does the vendor currently employ a relative of any employee, elected official or appointee of an elected official of Macomb County? Relative is defined as husband or wife, father or mother, son or daughter, brother or sister, uncle or aunt, first cousin, nephew or niece, great uncle or great aunt, grandfather or grandmother, grandson or granddaughter, father-in-law or mother-in-law, son-in-law or daughter-in-law, brother-in-law or sister-in-law, stepfather or stepmother, stepson or stepdaughter, stepbrother or stepsister, half-brother or half-sister, the parents or grandparents of the individual's fiancée.

YES

 NO

If yes, please answer the following:

A. Name of County employee or elected official (or appointee): _____

B. County Position/Title: _____

C. County Department or Agency: _____

2. Does any employee or elected official of Macomb County have an interest in the vendor organization in any capacity, either compensated or non-compensated:

YES

 NO

If yes, please answer the following:

- | | | | |
|-----------------------------------|-----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> director | <input type="checkbox"/> officer | <input type="checkbox"/> partner | <input type="checkbox"/> trustee |
| <input type="checkbox"/> member | <input type="checkbox"/> employee | <input type="checkbox"/> contractor | <input type="checkbox"/> beneficiary |

A. Name of County employee or elected official (or appointee): _____

B. County Position/Title: _____

C. County Department or Agency: _____

D. Position/Title with Vendor: _____

3. Does any current employee or elected official of Macomb County have legal or beneficial ownership of 10% or more of the outstanding stock of the vendor organization?

YES

NO

If yes, please answer the following:

A. Name of County employee or elected official (or appointee): _____

B. County Position/Title: _____

C. County Department or Agency: _____

D. % of Ownership of Vendor Organization: _____

4. In the last five calendar years, has the vendor failed to perform or otherwise deliver on the terms of a contract or agreement with Macomb County, or any other public entity, including suspensions or debarments?

YES

NO

If yes, please provide further explanation:

I hereby certify that the information included on this form is complete, true and accurate to the best of my knowledge and belief. I understand that either myself or the organization to which this form applies may be subject to sanctions and/or penalties as set forth in the ethics ordinance if any information has been falsified or omitted.

Name (Please Print)

Title

Signature

Date

PLEASE RETURN THE COMPLETED FORM TO:

Macomb County Finance Department
ATTN: Vendor Disclosure
120 North Main, 2nd Floor
Mount Clemens, MI 48043