

CHIPPEWA – LUCE – MACKINAC
COMMUNITY ACTION
HUMAN RESOURCE AUTHORITY, INC.

524 Ashmun St.
SAULT STE. MARIE, MICHIGAN 49783-0070
PHONE (906) 632-3363 FAX (906) 635-4255



Serving These
Upper Michigan
Counties:
Chippewa
Luce
Mackinac

Attachment H

Chippewa Luce Mackinac Community Action Human Resource Authority, INC.
Vendor Disclosure Form

The Chippewa Luce Mackinac Community Action Human Resource Authority, INC. ethics ordinance requires vendors of the Chippewa Luce Mackinac Community Action Human Resource Authority, INC. 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 their appointees) of the Chippewa Luce Mackinac Community Action Human Resource Authority, INC. 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 NAME:

1. Does the vendor currently employ a relative of any employee of Chippewa Luce Mackinac Community Action Human Resource Authority, INC.? 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:

Name of employee of Chippewa Luce Mackinac Community Action Human Resource Authority, INC.

2. Does any employee of Chippewa Luce Mackinac Community Action Human Resource Authority, INC. have an interest in the vendor organization in any of the following capacities, either compensated or non-compensated: director, officer, partner, beneficiary, trustee, member, employee or contractor.

YES NO

If yes, please answer the following:

Name of employee

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3. Does any current employee Chippewa Luce Mackinac Community Action Human Resource Authority, INC. 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:

Name of employee

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 Chippewa Luce Mackinac Community Action Human Resource Authority, INC., or any 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