Corporate Nondisclosure/Conflict of Interest Form

To: GSA EIS Contracting Officers

Timothy Horan

Dinaira Borba

Susan DiGiacomo

Brittany Hannah

Andrea Lane

Joseph Brozi

Joseph Voketitis

From: (Individual’s First and Last Name)

(Company Name)

Subject: Nondisclosure and Conflict of Interest Information for the GSA Enterprise Infrastructure Solutions (EIS) Program

With respect to the GSA EIS Program, I hereby certify that:

1. **Insert company name** and staff will strictly comply with all the applicable provisions of the law and regulation, including the proper custody, use, and preservation of official information related to procurements (validation, evaluation, negotiations, selection proceedings, etc.)
2. **Insert company name** and staff will NOT use the EIS information for any purposes other than for which it is provided.
3. **Insert company name** and staff will NOT disclose the EIS information to any other entities.
4. **Insert company name** and staff, will safeguard all Source Selection Sensitive Information.
5. **Insert company name** and staff will NOT work for or have any EIS related affiliations with EIS contractors or subcontractors.
6. **Insert company name** and staff will NOT propose or subcontract on any of the EIS contracts.
7. **Agency or Agencies your company supports:** If your companysupports all Agencies, state this.
8. **Insert Contract Order(s)/Number(s):**

**Contract Period of Performance**:   
(From to ).

These provisions are consistent with and do not supersede, conflict with, or otherwise alter the employee obligations, rights, or liabilities created by existing statute or Executive order relating to (1) classified information, (2) communications to Congress, (3) the reporting to an Inspector General of a violation of any law, rule, or regulation, or mismanagement, a gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety, or (4) any other whistleblower protection. The definitions, requirements, obligations, rights, sanctions, and liabilities created by controlling Executive orders and statutory provisions are incorporated into this agreement and are controlling.

One of the following must sign below and must match the individual’s name on the first page: CEO, CFO, CIO, COO, President or VP.

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Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Please sign, date, and return this certification to [nhc@gsa.gov](mailto:nhc@gsa.gov).