CONFLICT OF INTEREST AND CONFIDENTIALITY AGREEMENT

## Who and when?

Anyone involved in a procurement activity must complete this agreement before developing procurement documents, accessing procurement process files, joining an evaluation panel, awarding a contract or engaging an external third party. Before you complete this form, read the [Quick-Guide: Conflicts of Interest](https://www.procurement.govt.nz/assets/procurement-property/documents/guide-conflicts-of-interest.pdf).

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Organisation:** |  |
| **Tender:** |  |
| **Role in the procurement activity:** |  |

*For further guidance, please refer to the Office of the Auditor- General’s good practice guide on* [*Managing Conflicts entities of interest: Guidance for public*](https://www.oag.govt.nz/2007/conflicts-public-entities/docs/oag-conflicts-public-entities.pdf=8609519)

## Do you have any actual, potential or perceived conflicts of interest?

|  |  |
| --- | --- |
| Do you have any personal interest in the purchasing decision?  *(e.g. you own shares in a supplier or related company)* | **Yes**  **No**  **Potentially**  (tick ‘potentially’ if others could perceive you have a conflict) |
| Are you a relative or close friend of someone with a personal interest in the goods or services being purchased or who could be personally affected by the purchasing decision?  *(e.g. a family member is an employee or shareholder of a supplier)* | **Yes**  **No**  **Potentially**  (tick ‘potentially’ if others could perceive you have a conflict) |
| Do you have any personal obligations, loyalties or bias that could influence the way you conduct procurements, evaluate offers and recommend purchases?  *(e.g. a close friendship with an employee of a supplier, having dealt with a tenderer previously and potentially have a bias (positive or negative) towards them? Are you employed by, have you been employed by, or do you have a professional relationship with, or hold any office with any tenderer, including executive relationships such as Director or Board Member)* | **Yes**  **No**  **Potentially**  (tick ‘potentially’ if others could perceive you have a conflict) |
| Have you recently (e.g. within the past two years) been offered any special discounts, gifts, trips, hospitality, rewards or favours by suppliers of the goods or services being purchased?  *(e.g. free travel; free samples for your own use)* | **Yes**  **No**  **Potentially**  (tick ‘potentially’ if others could perceive you have a conflict) |
| Are you aware of anything that could give the appearance that you might be biased towards or against a particular supplier?  *(e.g. you have expressed strong views about a supplier; you worked for/contracted to/worked for a supplier; you use a supplier’s corporate box at a sports event, you have been a witness for or against any tenderer, or an expert witness in proceedings involving any tenderer in the past two years)* | **Yes**  **No**  **Potentially**  (tick ‘potentially’ if others could perceive you have a conflict) |

## Confidentiality responsibilities

All of the procurement project’s discussions, meetings and material (written and electronic) are confidential and I agree to keep this information safe on Waka Kotahi NZ Transport Agency’s (Transport Agency) files only. I will not give this information to anyone outside the immediate tender team without prior approval from the Project Manager.

If you are a Panel Chair you also undertake to:

* arrange for the secure filing of the completed Probity File for this tender.
* securely dispose of all other material pertaining to the evaluation of the tender that is in my control and has been returned to me by each panellist.
* retain any copies of confidential and/or commercially sensitive information relating to this tender.

## Restrictions on contact with suppliers

I agree that my contact with potential suppliers (including incumbents) is restricted during the period of the procurement. I understand that until the successful supplier has been announced I will not:

* pass information or make comments to them about the procurement
* receive any gift, gratuity, hospitality or any inducement from them
* meet them (unless mitigation is in place, ie; two or more staff meeting with incumbent supplier) or have any discussion about the procurement.

I will pass any requests for information and meetings from potential suppliers to the Project Manager.

## Declaration of conflict of interest

|  |  |
| --- | --- |
| **Actual** conflict of interest is where you already have a conflict.  **Potential** conflict of interest is where the conflict is about to happen or could happen.  **Perceived** conflict of interest is where other people might reasonably think you are not being objective. | If you have answered **‘Yes’** or **‘Potentially’** to any of the above questions, please provide details here. Otherwise sign the declaration below. |

## Your declaration

|  |  |  |
| --- | --- | --- |
| **Declaration** – I confirm that the above details are correct to the best of my knowledge and I make this declaration in good faith. | | |
| Signature: |  | Date: |
| **Review by Project Manager/Sponsor** – I confirm that I have received this declaration and noted the contents. Where a conflict of interest is declared, complete the next part of the form. | | |
| Name: |  | |
| Signature: |  | Date: |

## Conflict of Interest Management Plan

**Who and when?**

The Project Manager/Sponsor must complete this Plan when you declare a conflict of interest. Decide how to manage the conflict, give details below and then send the completed Plan to [conflictdeclaration@nzta.govt.nz](mailto:conflictdeclaration@nzta.govt.nz)

|  |  |
| --- | --- |
| **Tender:** |  |

## How the conflict of interest will be managed

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| **There are five options for managing or resolving your conflict of interest:**   * **Restrict** your involvement in the process * **Recruit** an independent third party to oversee part or all of the process * **Remove** yourself from the process * **Relinquish** your private interest that causes the conflict * **Resign** from the agency | The following plan has been agreed to manage your declared conflict of interest. This takes into account the conflict’s likely effect on your role and responsibilities in the procurement activity, as well as the risks to the process and the agency’s reputation. |
|  |

|  |  |  |
| --- | --- | --- |
| **Approval – I approve the above Conflict of Interest Management Plan** | | |
| Signature:  *Project Manager/Sponsor* |  | Date: |
| **Declaration – I agree to the above Conflict of Interest Management Plan** | | |
| Signature:  *Person making the declaration* |  | Date: |
| **Risk Assurance – the conflict of interest has been resolved and no further action/or the following action is required** | | |
| Signature:  *Risk Assurance* |  | Date: |