



Tennessee Department of Children's Services
Performance Based Contracting Formal Review Committee - Conflict of Interest and Confidentiality Agreement

This form must be signed and dated by each member of the Formal Review Committee (FRC) prior to the review of a Performance Based Contracting (PBC) petition:

Name of Formal Review Committee Member:		Date:	/ /
Agency Affiliation:		Telephone Number:	() -
E-Mail Address:		Cell Phone Number:	() -
Agencies for Review:			

Conflict of Interest:

To protect the impartial decision-making and reputation of the Formal Review Committee (FRC) and those involved with it, transactions with the agencies to be reviewed where a potential conflict of interest exists or may appear to exist must be fully disclosed. Such transactions will be divulged prior to the review of a Performance Based Contracting (PBC) petition. Such disclosures shall be fully evaluated by the Department of Children's Services Child Placement and Private Provider Unit to ensure no conflict exists in order to ensure the integrity and transparency of the review process.

FRC Member warrants there is no competing personal interests with any of the agencies requesting a review, including but not limited to:

- Material or financial benefits;
- Membership association; and
- Endowments or gifts or any other similar arrangements that will constitute a conflict of interest as further defined in *Section D, 6* of your agency's contract.

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I have read and understand the Conflict of Interest Statement and hereby declare and certify that no such conflict exists.

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I have read and understand the Conflict of Interest Statement and hereby declare and certify that a conflict does exist (attach a statement detailing the Conflict of Interest).

Confidentiality of Information:

Strict standards of confidentiality of records and information shall be maintained in accordance with applicable state & federal laws, DCS and provider policies and as further defined in Section E, 5 of your agency's contract. All materials and information, regardless of form, medium or method of communication, provided to the FRC representatives shall be regarded as confidential information. Such confidential information shall not be disclosed, and all necessary steps shall be taken to safeguard the confidentiality of such material.

Name of FRC Member: _____ Date: _____ / _____ / _____

Signature of FRC Member: _____

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Original: Child Placement and Private Provider Unit

Copy: Provider