

## Service Contracts Coordinator Designation

Calendar Year of Designation:	2015
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This designation (superseding all prior documents of this purpose) shall be effective immediately and remain so until superseded by a new designation properly filed, except it shall NOT be effective beyond the calendar year specified above.

I understand the designated Service Contracts Coordinator serves as an agency's internal specialist with responsibility for:

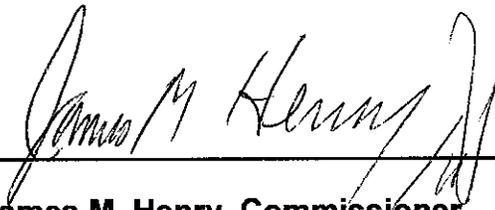
- all service procurements and contracting,
- providing service contracting information and training to the agency's staff as necessary, and
- serving as the agency's primary RFP Coordinator or resource for other designated RFP Coordinators.

I further understand that because limited staffing in the central professional service procurement oversight function, communications on behalf of my agency with Office of Contracts Review staff should be limited to those from the designated Service Contracts Coordinator.

As chief executive of the agency identified below, I hereby designate the following person as the agency's Service Contracts Coordinator.

<b>Name:</b>	Lisa Love
<b>Address:</b>	DCS, 7 <sup>th</sup> Floor, Cordell Hull Bldg., 436 6 <sup>th</sup> Ave. North, Nashville, TN 37243
<b>Telephone:</b>	615-532-2255
<b>E-Mail:</b>	<a href="mailto:Lisa.love@tn.gov">Lisa.love@tn.gov</a>

Agency Chief Executive  
Signature & Date

 11/13/14

Printed Name & Title

**James M. Henry, Commissioner**

Agency Name

**Department of Children's Services**

## Service Contracts Coordinator Designation

<b>Calendar Year of Designation:</b>	<b>2015</b>
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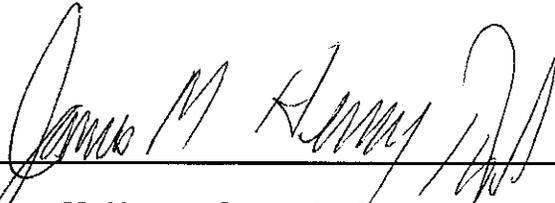
- all service procurements and contracting,
- providing service contracting information and training to the agency's staff as necessary, and
- serving as the agency's primary RFP Coordinator or resource for other designated RFP Coordinators.

I further understand that because limited staffing in the central professional service procurement oversight function, communications on behalf of my agency with Office of Contracts Review staff should be limited to those from the designated Service Contracts Coordinator.

As chief executive of the agency identified below, I hereby designate the following person as the agency's Service Contracts Coordinator.

<b>Name:</b>	Suzanne G. White
<b>Address:</b>	DCS, 7 <sup>th</sup> Floor, Cordell Hull Bldg., 436 6 <sup>th</sup> Ave. North, Nashville, TN 37243
<b>Telephone:</b>	615-741-0581
<b>E-Mail:</b>	<a href="mailto:suzanne.g.white@tn.gov">suzanne.g.white@tn.gov</a>

**Agency Chief Executive  
Signature & Date**

 11/13/14

**Printed Name & Title**

**James M. Henry, Commissioner**

**Agency Name**

**Department of Children's Services**

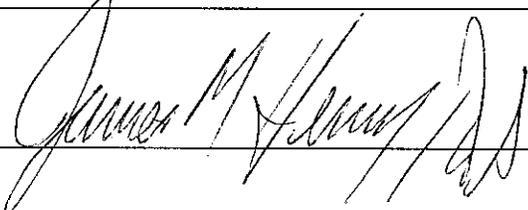
# Signature Certification & Authorization

for purposes of professional service contracting documents

<b>Calendar Year of Certification &amp; Authorization(s):</b>	<b>2015</b>
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This Signature Certification & Authorization supersedes all prior documents of this purpose for the agency identified below and shall be effective immediately and remain effective until superseded by a new document of this purpose properly filed, except it shall NOT be effective beyond the calendar year specified above.

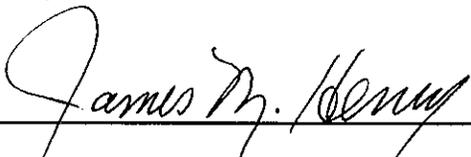
I hereby declare the following individuals to be authorized signatories permitted to sign ALL professional service contracts as well as associated procurement documents and communications on my behalf EXCEPT requests for non-competitive contracts or amendments which I understand that I must sign personally.

<b>Printed Name &amp; Title</b>	<b>Sample Signature with Initials</b> <i>sample of agency head's name as it will be signed &amp; initialed by the authorized individual named</i>
Douglas Swisher, Assistant Commissioner Finance & Budget	

*add rows to the schedule as necessary*

Further, as the chief executive of the agency identified below, I will sign all professional service contract documents as well as associated procurement documents and communications in the following manner:

**Agency Chief Executive Signature & Date**

 11-4-14

**Printed Name, Title & Agency**

James M. Henry, Commissioner  
Department of Children's Services

DEPARTMENT OF CHILDREN'S SERVICES (DCS) 2015  
ANNUAL CONTRACT MANAGEMENT PLAN

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*State of Tennessee  
Department of Children's Services (DCS)  
Cordell Hull State Office Building, 7th Floor  
436 Sixth Avenue North  
Nashville, Tennessee 37243-3000*

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## CONTRACT MANAGEMENT UNIT (CMU)

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### Overview & Goals

The Department of Children's Services (DCS), Contract Management Unit is responsible for the oversight, management and procurement of all personal, professional, consultant and commodities that provide goods and services to children in the custody of the state, those at risk of custody and their families.

#### ***Key Goals:***

1. Committed to the provision of efficient, expeditious and professional services to all customers of the Department;
2. Continually strive to increase the competency and effectiveness of the Contract Management & Procurement Unit;
3. Seek to facilitate and establish a collaborative partnership with vendors that deliver services to and on behalf of DCS;
4. Develop liaisons with the Department of General Services, the Comptroller of the Treasury, the Department of Finance and Administration and other stakeholders in order to facilitate the seamless procurement and delivery of services within a robust and diverse network of service providers to meet the needs of children and families in Tennessee.

## FUNCTIONS - CONTRACT MANAGEMENT & PROCUREMENT UNIT

The Contract Management Unit (CMU) is responsible for the management, oversight, development and execution of all personal, professional, consulting and commodity services. The procurement of services allows for the purchase and delivery of goods and services that support the work of the Department. These services are delivered to children in the custody of the State, those at risk of custody and their families. The number of active contracts in a given year is approximately 560.

CMU consists of five (5) staff committed to ensuring the accessibility of a diverse array of personal, professional, consulting and commodity services statewide. CMU works in collaboration with program staff, management and other stakeholders to facilitate and maintain a robust and viable assortment of services that supports the Department's goal of keeping children/youth safe, healthy and back on track.

All procurements are executed in accordance with the rules, procedures and guidelines established and overseen by the Central Procurement Office.

The unit is centrally located at:

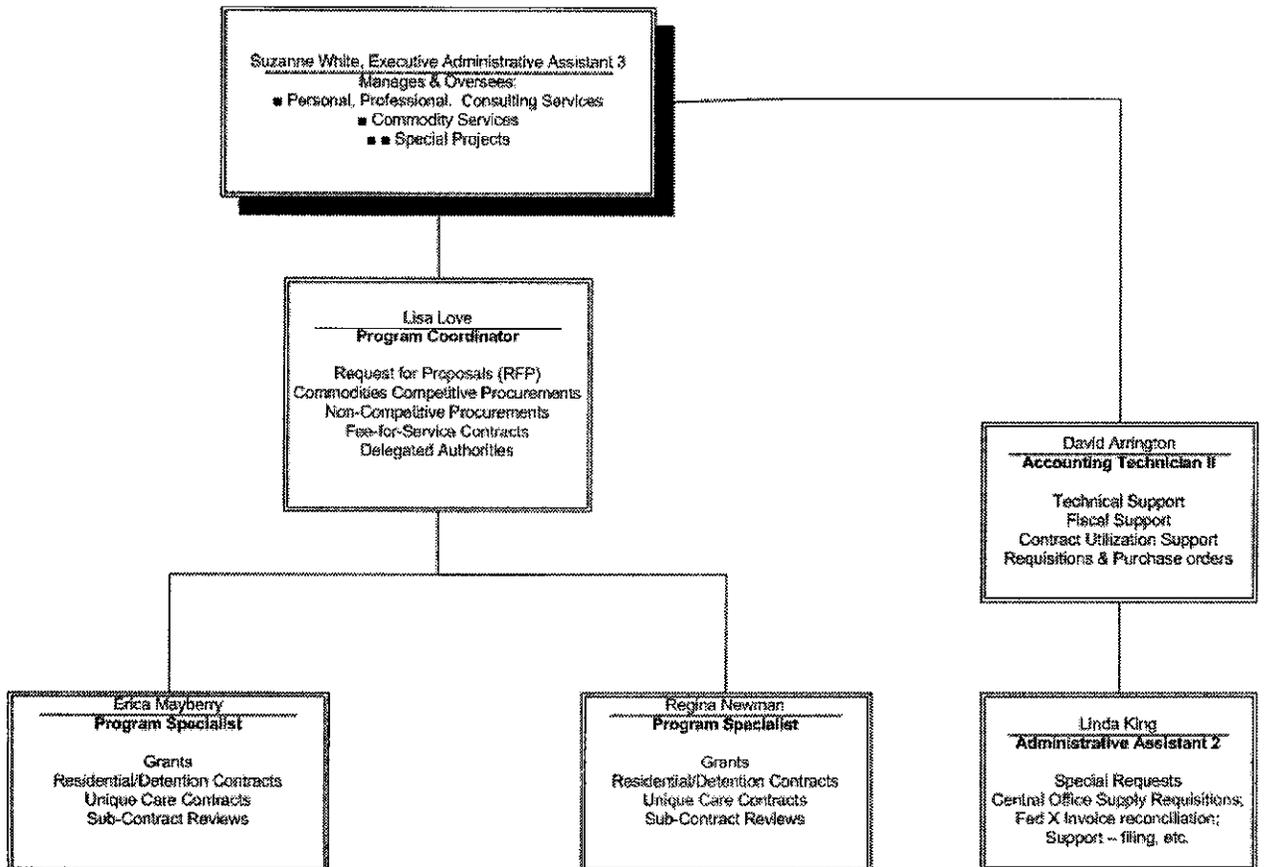
Department of Children's Services (DCS)  
Cordell Hull State Office Building, 7th Floor  
436 Sixth Avenue North  
Nashville, Tennessee 37243-3000

### Support Services:

- Consult with program staff to cooperatively develop relevant scope of services that provide sufficient detail to ensure measurable outcomes.
- Consult with DCS Budget Office to verify funding.
- Coordinate, manage, and execute contracting instruments for DCS.
- Utilize the model and formats in accordance with General Services rules:  
<http://tn.gov/generalserv/cpo/sourcing//model.html>
- In conjunction with program staff, develop Requests for Proposals (RFP) and manage the process in accordance with the rules established through General Services.
- Develop, coordinate, and manage Announcement of Funding (AOF) opportunities related to grants.
- Develop, coordinate and manage alternative competitive methods of procurement.
- Interpret and enforce General Service's rules and policy in the execution of all procurements.
- Consult with Contractors, Department of General Services, Comptroller of the Treasury, Department of Finance & Administration, and other potential stakeholders on issues related to sourcing.
- Maintain data on the sources, funding and origination of all grant awards to DCS from private and public entities.

# ORGANIZATIONAL CHART

*Description of staff and resources for the Contract Management Unit*



## PROCESS FOR REVIEW & SUPERVISION OF CONTRACT COMPLIANCE

The Tennessee Department of Children's Services (DCS), as authorized by T.C.A. § 37-5-102, is the state's primary source for providing services to children and youth at-risk of entering custody and children and youth in the custody of the State of Tennessee. DCS has responsibility for protecting children from abuse and neglect, providing temporary care for children who cannot safely remain in their own homes, providing permanent homes for those children who are legally free for adoption, and rehabilitating delinquent youth through residential treatment programs.

DCS also provides:

- Supportive services to help strengthen families so that they are able to safely care for their children at home and in their communities,
  - Prevention services for children, youth and their families to avert entry into custody,
  - Probation and aftercare services for juvenile offenders, and
  - Residential care and treatment to include foster care and in-home services for children/youth that enter custody.
- 

### **The Contract Management Unit (CMU)**

**CMU** collaborates with Program Staff to ensure the efficacy of the services being requested and validates the availability of funding. Services are procured in accordance with the rules and guidelines established by General Services through the execution of contracting instruments. The Unit manages and oversees all procurements on behalf of DCS. See page 4 for more details.

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### **Internal Contracts Review Committee:**

In September 2006, DCS instituted an **Internal Contracts Review Committee (CRC)**. This committee provides oversight and direction on all matters pertaining to contracts and network development. The committee is comprised of a diverse body of stakeholders that includes Program, Fiscal, Budget, Contracts, Network Development and legal as needed. The committee meets monthly or as needed to address issues related to, but not limited to:

- Expansion of services;
- Subcontracting;
- Contracting non-compliance;
- Identifying service needs; and,
- Policy recommendations.

**Members of the Internal Contracts Committee:**

Suzanne White	Director Contracts - Chair	Bonnie Hommrich	Deputy Commissioner, Program
Douglas Swisher	Assistant Commissioner Finance & Budget	Rick Osgood	Executive Director Risk Management
Monica Middlebrooks	Deputy Commissioner, Juvenile Justice	Deborah Gatlin	Executive Director Medical
Susan Mitchell	Executive Director, Network Development		
Jeffrey Williamson	Child Placement & Private Providers (CPPP)	Dawn Bertotti	Scribe (CPPP)

**Division of Child Programs**

**The Division of Child Programs (DCP)** is comprised of three (3) units that provide an array of foster care, residential, adoption, prevention and guardianship services on behalf of children placed in the custody of the State. The units within the Division are: Permanency (In-Home/Out-of-Home Services), Regional Administrators and Network Development. These units are responsible for developing, managing and overseeing the programs under their purview. Services include the delivery of direct care and ancillary services to children in the custody of the state and preventive services to children and youth at risk of custody and their families. DCS is also responsible for ensuring that the services procured are being delivered in accordance with the scope of services and that the invoices are reconciled with the deliverables.

Program also has the autonomy to determine other service needs that are more innovative and evidenced-based. Requests for the continuation or new services originate from program staff. They determine the services that are needed and craft scope of services to meet those needs and submit to the Contract Management Unit for processing.

The **Permanency** unit manages and oversees the following services and programs: foster care, adoption, Independent Living, Educational and Interstate Compact.

**Regional Administrators (RA)** are assigned to each of the twelve (12) regions of the state. RAs are responsible for managing the regions under their purview.

The **Network Development** unit manages the provider network of services that deliver out-of-home care to children and youth placed into the custody of the State as well as other preventative services delivered to children/youth and families at risk. Network Development is also responsible for analyzing the service needs statewide and developing the network capacity to meet those needs.

**STAFFING**

Bonnie Hommrich Deputy Commissioner for Child Programs-- Supervises all program staff as detailed below:

**PERMANENCY**

Sandra Wilson Executive Director John Johnson Director, Foster Care & Adoption

**NETWORK DEVELOPMENT**

Susan Mitchell Executive Director Jeffrey Williamson Director, CPPP

**Division of Quality Control**

Quality Control includes Program Accountability & Review (PAR), Licensing, Placement Quality Team (PQT) and Internal Audit. The division works to identify, assess, and prioritize risks through coordinated monitoring and oversight functions.

**The Program Accountability & Review (PAR)** - The DCS Program Accountability Review unit (PAR) provides annual contract monitoring services for sub-recipient, Performance Based Contractors (PBC) and In-Home TN contract providers. Sub-recipient contractors are monitored in adherence to Finance & Administration Policy 22 regulation, incorporating both program and fiscal elements of review. PAR Policy 22 fiscal monitoring is conducted in partnership with DCS Internal Audit. PBC contract monitoring is conducted in adherence to contract and DCS Policy requirements. PBC monitoring results are data based, and the monitoring process developed and implemented in partnership with the Vanderbilt University Center of Excellence (COE). PAR staff also conducts annual unannounced visits with targeted PBC facilities.

PAR In-Home TN contract monitoring has also been developed and implemented with the VU COE. The In-Home monitoring process is based on contract and policy requirements, and results are data based. All PAR monitoring processes are reported to contractors and internal DCS staff. Monitoring findings requiring improvement or correction receive appropriate and collaborative follow-up from PAR or Department representatives.

**Licensing Unit** - The DCS Division of Licensing is a regulatory authority providing oversight to all programs that fall within the purview of applicable state licensing statutes and rules for child caring agencies.

The division develops and promulgates applicable rules; issues conditional and annual licenses; reviews, investigates, documents and resolves grievances and complaints. The division imposes disciplinary actions; ensures compliance with applicable federal and/or state laws, regulations, and/or department rules, standards, and guidelines; reviews and makes recommendations on applicable legislation; coordinates annual adoption fees scheduling and compiles annual data on the regulated activities of the programs it licenses.

**Licensing** ensures that agencies contracting with DCS maintain the appropriate licenses and are in compliance with all licensing rules. DCS licensing communicates with the Department of Health and the Department of Mental Health and Development Disabilities on a regular basis to make certain that all contracts are appropriately licensed by these agencies.

**Provider Quality Team (PQT)** – PQT is a multidisciplinary team under the leadership of the Division of Quality Control which is authorized to make informed decisions and to provide recommendations to DCS senior leadership on agency's contract compliance and performance.

Concerns about provider quality are brought to the team through various avenues: review of SIU investigations, complaints from the field/clients/partner agencies, etc. The team reviews data, PAR reports, Internal Affairs investigations, PRA reports, and information from on-site visits to make decisions and recommendations. Action can range from technical assistance to the provider to improve practice to development of a corrective action plan (CAP) or placing a freeze on admissions pending corrective action.

Whenever a private provider’s performance reflects serious safety and well-being concerns or negative trends for long durations, PQT staff presents a synthesis of the data to a sub-group of Senior Leadership and subject experts. If insufficient progress is noted toward the elimination of safety/well-being concerns or long term contractual noncompliance, action up to and including freeze on admission, removal of youth from the provider and recommendation of termination of contract can be made by the PQT. Only the Commissioner of DCS may terminate a contract.

**PAR**

Debbie Miller                      Assistant Commissioner,  
Quality Control

Carter Overton                      Director

**LICENSING**

Mark Anderson                      Director                      Jane Petty                      Assistant Director

**PQT**

Debbie Miller                      Interim

**Audit** - Internal Audit’s involvement with compliance monitoring of contracts consists of assisting Program Accountability Review (PAR) in the review of subrecipient activities and compliance with the budget as outlined in the contract per Policy 22. Internal Audit’s responsibility is to review the subrecipient’s billings to the state and supporting documentation to assure compliance with the budget in the contract.

Based on the review performed by Internal Audit a report is issued to PAR with findings and/or observations based on the review of supporting documentation for monthly billings plus a review of internal controls.

Internal Audit does not perform an audit of the subrecipient’s activities, but only reviews their financial compliance with the contract.

**STAFFING:**

Richard Osgood	Executive Director	Todd McKinney	Audit Director
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**Division of Juvenile Justice (JJ)**

The Division of JJ is responsible for administering services to all youth adjudicated delinquent by the courts. JJ provides the management, oversight and operations of three (3) Youth Development Centers (YDC) located throughout Tennessee. These institutions serve primarily males up to the age of 19. The facilities are Woodland Hills/New Visions, Mountain View, and John S. Wilder.

All three facilities provide an array of mental health, rehabilitative and treatment services to youth adjudicated delinquent and placed into the custody of the State. In addition, JJ provides community-based services for females at a facility managed and operated by a provider agency – G4S. G4S is responsible for providing the care, treatment and rehabilitative services for females remanded into the state’s custody.

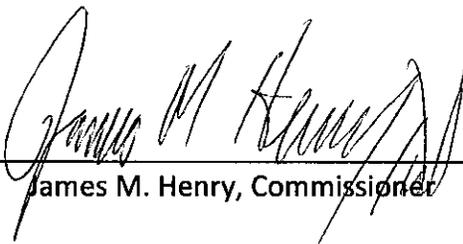
All contracts procured to deliver services on behalf of JJ youth follow the same procedures as those outlined for all other Departmental contracts. JJ program staff manages and oversees the delivery of services and approves/disapproves invoices based on those deliverables.

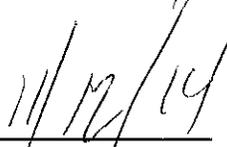
**STAFFING:**

Monica Middlebrooks

Deputy Commissioner, Juvenile Justice

**DEPARTMENT OF CHILDREN’S SERVICES (DCS)**

  
\_\_\_\_\_  
James M. Henry, Commissioner

  
\_\_\_\_\_  
Date

**CENTRAL PROCUREMENT OFFICE OR COVERED STATE AGENCY EMPLOYEE  
ANNUAL ATTESTATIONS**

Employee Name: Douglas C Swisher  
Employee Phone Number: 615 741-8281  
Employee Email Address: douglas.swisher@tn.gov

**CONFLICT OF INTEREST**

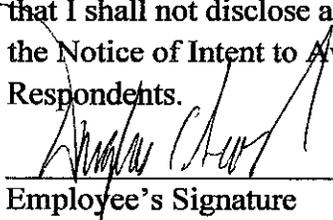
I, Douglas Swisher (*print name*), do hereby attest, certify, warrant and assure that I will not participate in any portion of a Procurement that involved a potential conflict of interest, financial or otherwise.

Furthermore, I Douglas Swisher (*print name*), do hereby attest, certify, warrant and assure that I will make disclosures to the Chief Procurement Officer in the following situations:

- When I have an Immediate Family or a personal relationship that conflicts with, or potentially creates a conflict;
- When I have an interest, Immediate Familial, personal, professional or financial, that conflicts with the best interests of the State;
- If I was previously employed by a Respondent involved in the Procurement;
- When I am aware of or should be aware of any other facts or circumstances that compromise my ability to carry out my fiduciary duty to the State and act in a fair and impartial manner with respect to the State or the public;
- When I have actual knowledge of an Organizational Conflict of Interest involving a Solicitation, a contract award, or the circumstances giving rise to an Organizational Conflict of Interest during the term of any contract awarded pursuant to a Solicitation.

**CONFIDENTIALITY**

I, Douglas Swisher (*print name*), do hereby attest, certify, warrant, and assure that I shall not disclose any Procurement evaluation information related to a Procurement until the Notice of Intent to Award is communicated in writing or electronic transmission to all Respondents.

  
Employee's Signature

11/13/14  
Date



**CENTRAL PROCUREMENT OFFICE OR COVERED STATE AGENCY EMPLOYEE  
ANNUAL ATTESTATIONS**

Employee Name: Lisa K. Love

Employee Phone Number: 615-532-2255

Employee Email Address: [Lisa.Love@tn.gov](mailto:Lisa.Love@tn.gov)

**CONFLICT OF INTEREST**

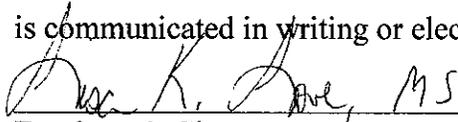
I, Lisa K. Love, do hereby attest, certify, warrant and assure that I will not participate in any portion of a Procurement that involved a potential conflict of interest, financial or otherwise.

Furthermore, I Lisa K. Love, do hereby attest, certify, warrant and assure that I will make disclosures to the Chief Procurement Officer in the following situations:

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- If I was previously employed by a Respondent involved in the Procurement;
- When I am aware of or should be aware of any other facts or circumstances that compromise my ability to carry out my fiduciary duty to the State and act in a fair and impartial manner with respect to the State or the public;
- When I have actual knowledge of an Organizational Conflict of Interest involving a Solicitation, a contract award, or the circumstances giving rise to an Organizational Conflict of Interest during the term of any contract awarded pursuant to a Solicitation.

**CONFIDENTIALITY**

I, Lisa K. Love, do hereby attest, certify, warrant, and assure that I shall not disclose any Procurement evaluation information related to a Procurement until the Notice of Intent to Award is communicated in writing or electronic transmission to all Respondents.

  
Employee's Signature

11-12-14  
Date

**CENTRAL PROCUREMENT OFFICE OR COVERED STATE AGENCY EMPLOYEE  
ANNUAL ATTESTATIONS**

Employee Name: Regina F. Newman  
Employee Phone Number: 615-253-5235  
Employee Email Address: Regina.Newman@tn.gov

**CONFLICT OF INTEREST**

I, Regina F. Newman (*print name*), do hereby attest, certify, warrant and assure that I will not participate in any portion of a Procurement that involved a potential conflict of interest, financial or otherwise.

Furthermore, I Regina F. Newman (*print name*), do hereby attest, certify, warrant and assure that I will make disclosures to the Chief Procurement Officer in the following situations:

- When I have an Immediate Family or a personal relationship that conflicts with, or potentially creates a conflict;
- When I have an interest, Immediate Familial, personal, professional or financial, that conflicts with the best interests of the State;
- If I was previously employed by a Respondent involved in the Procurement;
- When I am aware of or should be aware of any other facts or circumstances that compromise my ability to carry out my fiduciary duty to the State and act in a fair and impartial manner with respect to the State or the public;
- When I have actual knowledge of an Organizational Conflict of Interest involving a Solicitation, a contract award, or the circumstances giving rise to an Organizational Conflict of Interest during the term of any contract awarded pursuant to a Solicitation.

**CONFIDENTIALITY**

I, Regina F. Newman (*print name*), do hereby attest, certify, warrant, and assure that I shall not disclose any Procurement evaluation information related to a Procurement until the Notice of Intent to Award is communicated in writing or electronic transmission to all Respondents.

Regina Newman      11/12/2014  
Employee's Signature      Date

**CENTRAL PROCUREMENT OFFICE OR COVERED STATE AGENCY EMPLOYEE  
ANNUAL ATTESTATIONS**

Employee Name: Erica Mayberry

Employee Phone Number: (615) 253-2340

Employee Email Address: Erica.Mayberry@TN.gov

**CONFLICT OF INTEREST**

I, Erica Mayberry (*print name*), do hereby attest, certify, warrant and assure that I will not participate in any portion of a Procurement that involved a potential conflict of interest, financial or otherwise.

Furthermore, I Erica Mayberry (*print name*), do hereby attest, certify, warrant and assure that I will make disclosures to the Chief Procurement Officer in the following situations:

- When I have an Immediate Family or a personal relationship that conflicts with, or potentially creates a conflict;
- When I have an interest, Immediate Familial, personal, professional or financial, that conflicts with the best interests of the State;
- If I was previously employed by a Respondent involved in the Procurement;
- When I am aware of or should be aware of any other facts or circumstances that compromise my ability to carry out my fiduciary duty to the State and act in a fair and impartial manner with respect to the State or the public;
- When I have actual knowledge of an Organizational Conflict of Interest involving a Solicitation, a contract award, or the circumstances giving rise to an Organizational Conflict of Interest during the term of any contract awarded pursuant to a Solicitation.

**CONFIDENTIALITY**

I, Erica Mayberry (*print name*), do hereby attest, certify, warrant, and assure that I shall not disclose any Procurement evaluation information related to a Procurement until the Notice of Intent to Award is communicated in writing or electronic transmission to all Respondents.

Erica Mayberry  
Employee's Signature

11.12.14  
Date

**CENTRAL PROCUREMENT OFFICE OR COVERED STATE AGENCY EMPLOYEE  
ANNUAL ATTESTATIONS**

Employee Name: David L. Arrington

Employee Phone Number: 615-532-1749

Employee Email Address: David.Arrington@TN.gov

**CONFLICT OF INTEREST**

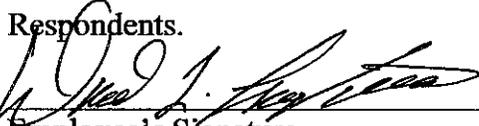
I, David L. Arrington (*print name*), do hereby attest, certify, warrant and assure that I will not participate in any portion of a Procurement that involved a potential conflict of interest, financial or otherwise.

Furthermore, I David L. Arrington (*print name*), do hereby attest, certify, warrant and assure that I will make disclosures to the Chief Procurement Officer in the following situations:

- When I have an Immediate Family or a personal relationship that conflicts with, or potentially creates a conflict;
- When I have an interest, Immediate Familial, personal, professional or financial, that conflicts with the best interests of the State;
- If I was previously employed by a Respondent involved in the Procurement;
- When I am aware of or should be aware of any other facts or circumstances that compromise my ability to carry out my fiduciary duty to the State and act in a fair and impartial manner with respect to the State or the public;
- When I have actual knowledge of an Organizational Conflict of Interest involving a Solicitation, a contract award, or the circumstances giving rise to an Organizational Conflict of Interest during the term of any contract awarded pursuant to a Solicitation.

**CONFIDENTIALITY**

I, David L. Arrington (*print name*), do hereby attest, certify, warrant, and assure that I shall not disclose any Procurement evaluation information related to a Procurement until the Notice of Intent to Award is communicated in writing or electronic transmission to all Respondents.

  
Employee's Signature

11-12-14  
Date

**CENTRAL PROCUREMENT OFFICE OR COVERED STATE AGENCY EMPLOYEE  
ANNUAL ATTESTATIONS**

Employee Name: Linda King

Employee Phone Number: 741-8423

Employee Email Address: Linda.mae.King@tn.gov

**CONFLICT OF INTEREST**

I, Linda King (*print name*), do hereby attest, certify, warrant and assure that I will not participate in any portion of a Procurement that involved a potential conflict of interest, financial or otherwise.

Furthermore, I Linda King (*print name*), do hereby attest, certify, warrant and assure that I will make disclosures to the Chief Procurement Officer in the following situations:

- When I have an Immediate Family or a personal relationship that conflicts with, or potentially creates a conflict;
- When I have an interest, Immediate Familial, personal, professional or financial, that conflicts with the best interests of the State;
- If I was previously employed by a Respondent involved in the Procurement;
- When I am aware of or should be aware of any other facts or circumstances that compromise my ability to carry out my fiduciary duty to the State and act in a fair and impartial manner with respect to the State or the public;
- When I have actual knowledge of an Organizational Conflict of Interest involving a Solicitation, a contract award, or the circumstances giving rise to an Organizational Conflict of Interest during the term of any contract awarded pursuant to a Solicitation.

**CONFIDENTIALITY**

I, Linda King (*print name*), do hereby attest, certify, warrant, and assure that I shall not disclose any Procurement evaluation information related to a Procurement until the Notice of Intent to Award is communicated in writing or electronic transmission to all Respondents.

Linda King  
Employee's Signature

11/12/14  
Date

**CENTRAL PROCUREMENT OFFICE OR COVERED STATE AGENCY EMPLOYEE  
ANNUAL ATTESTATIONS**

Employee Name: Casey Emmart

Employee Phone Number: 865-484-0509

Employee Email Address: Casey.emmart@tn.gov

**CONFLICT OF INTEREST**

I, Casey Emmart (print name), do hereby attest, certify, warrant and assure that I will not participate in any portion of a Procurement that involved a potential conflict of interest, financial or otherwise.

Furthermore, I Casey Emmart (print name), do hereby attest, certify, warrant and assure that I will make disclosures to the Chief Procurement Officer in the following situations:

- When I have an Immediate Family or a personal relationship that conflicts with, or potentially creates a conflict;
- When I have an interest, Immediate Familial, personal, professional or financial, that conflicts with the best interests of the State;
- If I was previously employed by a Respondent involved in the Procurement;
- When I am aware of or should be aware of any other facts or circumstances that compromise my ability to carry out my fiduciary duty to the State and act in a fair and impartial manner with respect to the State or the public;
- When I have actual knowledge of an Organizational Conflict of Interest involving a Solicitation, a contract award, or the circumstances giving rise to an Organizational Conflict of Interest during the term of any contract awarded pursuant to a Solicitation.

**CONFIDENTIALITY**

I, Casey Emmart (print name), do hereby attest, certify, warrant, and assure that I shall not disclose any Procurement evaluation information related to a Procurement until the Notice of Intent to Award is communicated in writing or electronic transmission to all Respondents.

Casey Emmart  
Employee Signature

11-13-14  
Date

**CENTRAL PROCUREMENT OFFICE OR COVERED STATE AGENCY EMPLOYEE  
ANNUAL ATTESTATIONS**

Employee Name: James T Bacon

Employee Phone Number: 865-484-0509

Employee Email Address: James.Bacon@TN.GOV

**CONFLICT OF INTEREST**

I, James T Bacon (print name), do hereby attest, certify, warrant and assure that I will not participate in any portion of a Procurement that involved a potential conflict of interest, financial or otherwise.

Furthermore, I James T Bacon (print name), do hereby attest, certify, warrant and assure that I will make disclosures to the Chief Procurement Officer in the following situations:

- When I have an Immediate Family or a personal relationship that conflicts with, or potentially creates a conflict;
- When I have an interest, Immediate Familial, personal, professional or financial, that conflicts with the best interests of the State;
- If I was previously employed by a Respondent involved in the Procurement;
- When I am aware of or should be aware of any other facts or circumstances that compromise my ability to carry out my fiduciary duty to the State and act in a fair and impartial manner with respect to the State or the public;
- When I have actual knowledge of an Organizational Conflict of Interest involving a Solicitation, a contract award, or the circumstances giving rise to an Organizational Conflict of Interest during the term of any contract awarded pursuant to a Solicitation.

**CONFIDENTIALITY**

I, James T Bacon (print name), do hereby attest, certify, warrant, and assure that I shall not disclose any Procurement evaluation information related to a Procurement until the Notice of Intent to Award is communicated in writing or electronic transmission to all Respondents.

James T Bacon  
Employee's Signature

11/13/14  
Date

**CENTRAL PROCUREMENT OFFICE OR COVERED STATE AGENCY EMPLOYEE  
ANNUAL ATTESTATIONS**

Employee Name: Regina Tapp  
Employee Phone Number: 901-465-7359 Ext 216  
Employee Email Address: Regina.Tapp@tn.gov

**CONFLICT OF INTEREST**

I, Regina Tapp (*print name*), do hereby attest, certify, warrant and assure that I will not participate in any portion of a Procurement that involved a potential conflict of interest, financial or otherwise.

Furthermore, I Regina Tapp (*print name*), do hereby attest, certify, warrant and assure that I will make disclosures to the Chief Procurement Officer in the following situations:

- When I have an Immediate Family or a personal relationship that conflicts with, or potentially creates a conflict;
- When I have an interest, Immediate Familial, personal, professional or financial, that conflicts with the best interests of the State;
- If I was previously employed by a Respondent involved in the Procurement;
- When I am aware of or should be aware of any other facts or circumstances that compromise my ability to carry out my fiduciary duty to the State and act in a fair and impartial manner with respect to the State or the public;
- When I have actual knowledge of an Organizational Conflict of Interest involving a Solicitation, a contract award, or the circumstances giving rise to an Organizational Conflict of Interest during the term of any contract awarded pursuant to a Solicitation.

**CONFIDENTIALITY**

I, Regina Tapp (*print name*), do hereby attest, certify, warrant, and assure that I shall not disclose any Procurement evaluation information related to a Procurement until the Notice of Intent to Award is communicated in writing or electronic transmission to all Respondents.

Regina Tapp  
Employee's Signature

11-13-14  
Date

**CENTRAL PROCUREMENT OFFICE OR COVERED STATE AGENCY EMPLOYEE  
ANNUAL ATTESTATIONS**

Employee Name: Jacqueline Russell

Employee Phone Number: 615-532-8425

Employee Email Address: Jacqueline.Russell@TN.gov

**CONFLICT OF INTEREST**

I, Jacqueline Russell (*print name*), do hereby attest, certify, warrant and assure that I will not participate in any portion of a Procurement that involved a potential conflict of interest, financial or otherwise.

Furthermore, I Jacqueline Russell (*print name*), do hereby attest, certify, warrant and assure that I will make disclosures to the Chief Procurement Officer in the following situations:

- When I have an Immediate Family or a personal relationship that conflicts with, or potentially creates a conflict;
- When I have an interest, Immediate Familial, personal, professional or financial, that conflicts with the best interests of the State;
- If I was previously employed by a Respondent involved in the Procurement;
- When I am aware of or should be aware of any other facts or circumstances that compromise my ability to carry out my fiduciary duty to the State and act in a fair and impartial manner with respect to the State or the public;
- When I have actual knowledge of an Organizational Conflict of Interest involving a Solicitation, a contract award, or the circumstances giving rise to an Organizational Conflict of Interest during the term of any contract awarded pursuant to a Solicitation.

**CONFIDENTIALITY**

I, Jacqueline Russell (*print name*), do hereby attest, certify, warrant, and assure that I shall not disclose any Procurement evaluation information related to a Procurement until the Notice of Intent to Award is communicated in writing or electronic transmission to all Respondents.

Jacqueline Russell  
Employee's Signature

11-13-14  
Date



**CENTRAL PROCUREMENT OFFICE OR COVERED STATE AGENCY EMPLOYEE  
ANNUAL ATTESTATIONS**

Employee Name: Patricia Faye Hackney

Employee Phone Number: 615-532-8423

Employee Email Address: Faye.Hackney@tn.gov

**CONFLICT OF INTEREST**

I, Patricia Faye Hackney (print name), do hereby attest, certify, warrant and assure that I will not participate in any portion of a Procurement that involved a potential conflict of interest, financial or otherwise.

Furthermore, Patricia Faye Hackney (print name), do hereby attest, certify, warrant and assure that I will make disclosures to the Chief Procurement Officer in the following situations:

- When I have an Immediate Family or a personal relationship that conflicts with, or potentially creates a conflict;
- When I have an interest, Immediate Familial, personal, professional or financial, that conflicts with the best interests of the State;
- If I was previously employed by a Respondent involved in the Procurement;
- When I am aware of or should be aware of any other facts or circumstances that compromise my ability to carry out my fiduciary duty to the State and act in a fair and impartial manner with respect to the State or the public;
- When I have actual knowledge of an Organizational Conflict of Interest involving a Solicitation, a contract award, or the circumstances giving rise to an Organizational Conflict of Interest during the term of any contract awarded pursuant to a Solicitation.

**CONFIDENTIALITY**

I, Patricia Faye Hackney (print name), do hereby attest, certify, warrant, and assure that I shall not disclose any Procurement evaluation information related to a Procurement until the Notice of Intent to Award is communicated in writing or electronic transmission to all Respondents.

Patricia Faye Hackney  
Employee's Signature

11-13-14  
Date