DETROIT AREA AGENCY ON AGING

CONFLICT OF INTEREST DISCLOSURE AND SURVEY

1._____is identified as follows:

Name:

Type of Entity: [ ] Sole Proprietorship [ ] Partnership [ ]Corporation [ ] Limited Liability Company

Address: _____

City _____ State / Zip : _____

Telephone /FAX _____

Social Security or Federal Employer Identification Number: _____

Independent Contractor (including all of its owners, officers, directors and managers) (collectively, "I") certifies to the best of my knowledge that my responses to questions contained in the Conflict of Interest Survey ("Survey") attached to this Independent Contractor Conflict Of Interest Disclosure ("Disclosure") are true, correct and complete, and that I have disclosed all interests which may be construed as dual to and/or actually or potentially in conflict with the interests of the Detroit Area Agency on Aging ("DAAA"). I agree to complete and execute a new Survey and Disclosure annually and as more often as the DAAA CEO may require. I agree to promptly notify the DAAA CEO of all facts and circumstances, including my acquisition of any interest, which may cause, constitute or present an actual or apparent conflict of interest with theDAAA.

I will promptly disclose to the DAAA CEO the receipt or acceptance, directly or indirectly, by me or any member of my family, from any Purchaser, Supplier or Competitor of the DAAA (all as defined on the Survey) any compensation, remuneration, gift, loan, entertainment or other item or benefit having a total or annual value in excess of One Hundred Dollars ($100.00). I agree to immediately report in writing, to the DAAA CEO, every offer by any Purchaser, Supplier or Competitor of the DAAA the receipt or acceptance of which by me, or by any member of my family, would require disclosure under this paragraph.

I agree that I will hold in the strictest confidence and will not use for my personal benefit or for the benefit of any entity other than the DAAA, any information discussed, distributed or otherwise made known or available to me by the DAAA. I further agree to execute and abide by the terms of such Confidentiality Agreements as the DAAA may from time to time require.

Authorized Signature: _____

Printed Name: _____

Title:_____ Date: _____

DEFINITIONS

CONFLICT OF INTEREST SURVEY

1. "Corporation" is the Detroit Area Agency on Aging("DAAA").

2. "Competitor" is any person, entity or association, that offers to sell, provide or supply items or services in the Corporation's service area which also are offered by the Corporation, or are a reasonable substitute for such items or services, and may include, but is not limited to, home care or home health agencies, counselors, therapists, health maintenance organizations, entities whose ownership includes any of the foregoing, and entities that arrange for the provisionof or provide the services of any of the foregoing.

3. " Supplier" is any person, entity or association that sells, rents, or otherwise supplies to the Corporation any real estate, goods, machinery, equipment, credit, insurance or other services, and may include, but is not limited to, home care or home health agencies, counselors, therapists, health maintenance organizations, entities whose ownership includes any of the foregoing, and entities that arrange for the provision of or provide the services of any of the foregoing, either directly or under agreements with the Corporation.

4. "Purchaser" is any person, entity or association that buys or rents goods or services from the Corporation, or is otherwise furnished goods or services by the Corporation, and may include, but is not limited to, employers, unions, groups, individuals, andgovernment programs.

5. " You" means the Independent Contractor listed on the Disclosure to which this Survey is attached. If the Independent Contractor is an entity, "you" is deemed to include all owners, officers, directors and managers of the IndependentContractor.

6. "Managing Employee" means a general manager, business manager, administrator, director or other individual who exercises operation or managerial control over, or who directly or indirectly conducts the day-to-day operations of an institution, organization or agency.

Questions

Please answer the following questions. Please complete and attach as many additional sheets as are required to supply all information requested. If you answer yes to any question, please put the name, address, date of birth, and social security number of any managing employee of the disclosing entity (or fiscal agent or managed care entity. *Please be aware you are answering these questions for the owner and/or any managing employee.*

1. To the best of your knowledge, do you, or does any member of your family, currently have, or are you planning to have, directly or indirectly, any interest in or any contract with any Supplier, Purchaser or Competitor, or furnish goods or services to or through a competitor? If your answer to any portion of this question is "yes", please list, separately as to each part and to the extent known, the name of each interested person (including yourself) and his or her relationship to you; the nature and amount of the interest; the name and address of each Supplier, Purchaser or Competitor in which you or other such person has an interest or with which you or such other person has a contract; and, the nature of the goods or services furnished to or through such Supplier, Purchaser or Competitor. (Note: In answering this question, you may disregard investments in entities listed on a stock exchange or publicly traded in a recognized over-the-counter market in which the interest in question has a market value of less than $5,000 or comprises less than five percent (5%) of your net worth, whichever is less.)

_____No _____Yes

_____

_____

_____

2. To the best of your knowledge, have you, or has any member of your family, received (within the last 2 years), or do you or any family member intend to receive, any compensation, remuneration, gift, loan, entertainment or other item or benefit having a value in excess of One Hundred Dollars ($100.00) from any Supplier, Purchaser or Competitor? If your answer to any portion of this question is "yes", please list, separately as to each part and to the extent known, a brief description of the nature of the benefit(s) received ("salary", "consulting fee", "gift", etc.), the recipient(s), and each Supplier, Purchaser or Competitor of the Corporation involved.

_____No _____Yes

_____

_____

_____

3. To the best of your knowledge, have you or any member of your family (within the last 2 years) served, or are you or any member of your family presently serving, or do you or any member of your family intend to serve, as a member, officer, director, employee, agent, independent contractor or consultant of any Supplier, Purchaser or Competitor of the Corporation? If your answer to any portion of this question is "yes", please list, separately as to each part and to the extent known, the name of each person involved (including yourself) and his or her relationship to you; the nature and title of each office/position held by each such person; and the name and address of each Supplier, Purchaser or Competitor involved.

_____No _____Yes

_____

_____

_____

4. To the best of your knowledge, have you, or has any member of your family, (within the last 2 years) hired, employed, retained, or compensated any member, officer, or employee of DAAA, or any immediate family member of any of the foregoing, or any other person, whom, to the knowledge of IC, has a conflict of interest with DAAA?. If your answer to any portion of this question is "yes", please list, separately as to each part and to the extent known, the name of each person involved (including yourself) and his or her relationship to DAAA; the nature of the hiring, employment, engagement of each such person; the individual's duties or obligations, and the amount and nature of all compensation provided to each such person by IC.

_____No _____Yes

_____

_____

_____

5. Has there been a change in any demographic information? Has there been a change in ownership over the last year? If yes, please list below. If not, please put N/A.

_____

_____