

SUBCONTRACTOR ORGANIZATIONAL CONFLICT OF INTEREST CERTIFICATION AND DISCLOSURE FORM

PF-18
REV 6
Effective 11/04/2024

PART I PROCUREMENT ACTION INFORMATION

PART I to be completed by procurement representative.

Date: _____ Solicitation Number: _____
Offeror: _____
Subcontract or Agreement Number: _____
Modification Number (if applicable): _____
This certification and disclosure form is required for: Offeror Service Provider

PART II SUPPLIER INFORMATION

PART II to be completed by Offeror and/or service provider when applicable. Refer to terms and conditions for additional information.

I, _____, am an authorized representative of _____.
I, _____, am an individual providing advisory or assistance services on behalf of Offeror/Subcontractor, as defined in FAR 2.101.

Provide a statement of financial, contractual, organizational, or other interests for the last twelve (12) months, present, or currently planned relating to the performance of work resulting from this solicitation. Provide previous or existing mitigation plan(s) with Company and any supporting documentation relating to the performance of work resulting from this solicitation. Enough information shall be provided allowing a meaningful evaluation of potential impacts on the performance of any subcontract resulting from this solicitation. If contractual interests are included in statement, include the name, address, and telephone number of any client, description of services rendered to those clients, and the name of a responsible officer or employee of Offeror knowledgeable about services rendered to each client. If contractual services were rendered to the Government or any other client (including a foreign government or person), the agency and contract number shall be included in statement. If financial interests are included in statement, include nature and extent of such interests and any entity involved.

PART II**SUPPLIER INFORMATION (CONT.)**

PART II to be completed by Offeror and/or service provider when applicable. Refer to terms and conditions for additional information

Select one of the following:

I am requesting a waiver with respect to services to be provided for any subcontract resulting from this solicitation.

Reasons to support waiver are listed below.

I certify no actual or potential conflict of interest or unfair competitive advantage exists, or may exist, with respect to services to be provided for any subcontract resulting from this solicitation.

Signature of name provided in PART II: _____

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Offeror or Offeror's service provider has provided OCI certification and disclosure. Information has been reviewed and:

1. OCI Coordinator finds a conflict does NOT exist.
2. OCI Coordinator finds a conflict exists, but adoption of the measure(s) specified below will adequately avoid the conflict.
3. OCI Coordinator finds a conflict does exist, it cannot be avoided adequately, and the award should not be made.
4. OCI Coordinator finds a conflict does exist and cannot be satisfactorily avoided, but recommends DOE/NNSA grant consent to award in face of the conflict for the reasons set forth below.

Discussion/rationale for finding above:

OCI Coordinator Authorized Signature:

Office of General Counsel Authorized Signature:
if applicable

DOE/NNSA Authorized Signature: *if applicable*