

## HARRIS COUNTY DEPARTMENT OF EDUCATION Evaluation Committee Members Attestation

The operation of HCDE request for proposal evaluation committees is guided by the Choice Partners operating procedure, <u>Instructions to Evaluation Committee Members</u>. It is available upon request.

One of the most important elements in the evaluation process is the assurance that each proposer is treated fairly and equally.

#### DUTIES

#### **Evaluation Committee Member will:**

- Possess content specific knowledge and/or expertise
- Maintain confidentiality of the project
- Become familiar with HCDE CP RFP evaluation process and requirements
- Abstain from participating on a committee if you determine there may be a conflict of interest
- Read, sign and submit the EVALUATION COMMITTEE MEMBERS ATTESTATION
- Evaluate proposer's qualifications objectively and without bias
- Independently and professionally score each proposal (for each evaluation factor not already completed by the Project Leader); complete INDIVIDUAL EVALUATION FORM
- Adhere to timeline set by Project Leader for completing evaluation(s)
- Meet as a group for discussion or proposers presentations, as required

#### **Evaluation Committee Member will not:**

- Discuss the specifics of any proposal with other proposers or individuals outside of the evaluation committee
- Answer proposer questions during or after the evaluation process. (Questions during the evaluation process should be submitted electronically on the CP website and will be answered globally on the website by HCDE CP personnel.)

#### ACKNOWLEDGEMENT

The evaluation process is time-consuming and sometimes difficult work. We value your judgment, professionalism and integrity. Choice Partners recognizes the commitment by you to be involved in this process and we appreciate your participation.

### ATTESTATION

I have read and I understand my duties and responsibilities as a member of the Choice Partners Evaluation Committee for HCDE RFP #20/022KN, titled Online Virtual Conference Platform Host. My participation on this Committee does not pose a conflict of interest for me or HCDE; I will maintain confidentiality in the matters discussed during this process.

Stephen Kendrick / Style Could

Printed Name & Signature

12/15/2020 Date

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT	FORM CIS
(Instructions for completing and filing this form are provided on the next page.)	
This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.	Date Received
1 Name of Local Government Officer	
Stephen Kendrick	
2 Office Held	1
Sa Maa Fasilik, Dispains / USDE	
Sr. Mgr. Facility Planning / HCDE	
3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Co	de
N/A	
4 Description of the nature and extent of employment or other business relationship with	vendor named in item 3
N/A	
5 List gifts accepted by the local government officer and any family member, if aggregate	
from vendor named in item 3 exceeds \$100 during the 12-month period described by Se	ction 176.003(a)(2)(B).
Date Gift AcceptedDescription of GiftN/A	
Date Gift AcceptedDescription of Gift	
Date Gift AcceptedDescription of Gift	
(attach additional forms as necessary)	
6 AFFIDAVIT	
I swear under penalty of perjury that the above statement that the disclosure applies to each family member (as de Government Code) of this local government officer. I also covers the 12-month period described by Section 176.003(	fined by Section 176.001(2), Local o acknowledge that this statement
Steph Kindwill	
Signature of Local Government Officer	
Stephen Kendrick 6005 W My name is (First, Middle, Last Name), my date of birth is, and my address is	/estview Dr Houston
correct. Executed in <u>Harris</u> County, State of <u>TX</u> , on the <u>15th</u> day of <u>December</u> , 2020. (Month) (Ye	

# **SK\_Attestation and CIS**

Final Audit Report

2020-12-15

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