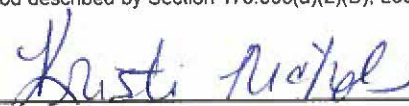


20/057SG

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

<p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>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.</p>	OFFICE USE ONLY
<p>1 Name of Local Government Officer</p> <p style="text-align: center;">Kristi Nichols</p>	<p>Date Received</p>
<p>2 Office Held</p> <p style="text-align: center;">Contract Manager , Choice Partners, HCDE</p>	
<p>3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code ACA GPS, LLC, BenefitScape (Benefit Coordinators of America, LLC), Eligibility Tracking Calculators, LLC, PSST, LLC</p>	
<p>4 Description of the nature and extent of employment or other business relationship with vendor named in item 3</p> <p style="text-align: center;">Evaluator on RFP 20/057SG</p>	
<p>5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).</p> <p>Date Gift Accepted _____ Description of Gift _____ N/A _____</p> <p>Date Gift Accepted _____ Description of Gift _____</p> <p>Date Gift Accepted _____ Description of Gift _____</p> <p style="text-align: center;">(attach additional forms as necessary)</p>	
<p>6 AFFIDAVIT</p> <p>I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.</p> <p style="text-align: center;"> _____ Signature of Local Government Officer</p> <p>My name is (First, Middle, Last Name), my date of birth is _____ N/A _____, and my address is 6005 Westview Drive, Houston TX 77055 _____, (Street) (City) (State) (Zip Code) and _____ N/A _____. I declare under penalty of perjury that the foregoing is true (Country) and correct. Executed in Harris County, State of TX, on the 17 day of August, 2020. (Month) (Year) Kristi Nichols Declarant"</p>	