

**LAKE COUNTY BOARD OF DD/DEEPWOOD
COMPLIANCE WITH REGULATION 5126.033**

AFFIDAVIT

I, _____, hereby state as follows:

1. I am not in a capacity to influence the award of the contract and/or agreement to provide services.
2. I have not attempted in any manner to secure the contract and/or agreement on behalf of the individual, agency, or other entity.
3. I am not employed in a management level two or three according to rules adopted by the Director of the Ohio Department of Developmental Disabilities.
4. I am not employed by the Board during the period when the contract and/or agreement is developed as an administrator or supervisor responsible for approving or supervising services to be provided under the contract and/or agreement and I agree not to take such a position while the contract and/or agreement is in effect, regardless of whether the position is related to the services provided under contract and/or agreement.
5. I have not taken any actions that create the need for the services to be provided under the contract and/or agreement.
6. I am not currently employed in the Service & Support Administration Department as an SSA.

If for any reason, my work assignments and/or my work schedule were to abridge the criteria listed above, or change at either place of employment, I understand that I am required by law to notify the Superintendent of the Lake County Board of DD/Deepwood.

Signature

Date

Complete the following information:

Name of Community Residential Provider _____

Anticipated/Current Schedule for Community Residential Provider _____

Anticipated/Current Position at Lake County Board of DD/Deepwood _____

Schedule at Lake County Board of DD/Deepwood _____

