

EXECUTIVE ORDER (EO-98-04) & EMPLOYMENT DISCLOSURE FORM

Name: _____ Agreement Number(s): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Select HNP Program: CACFP 10.558 SFSP 10.559 NSLP 10.555

Federal (TIN) Number: _____ Contract Effective Date: _____

THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO EXECUTION OF ANY ARKANSAS HEALTH AND NUTRITION CONTRACT.

B. Disclosure Requirements

Arkansas Health and Nutrition Sponsoring Organizations/Agencies shall require, as a condition of obtaining or renewing a contract, lease, purchase agreement, employment, or grant with any State Agency or outside entity, that any individual desiring to contract with, be employed by, or receive grant benefits from, any State Agency or outside entity shall disclose whether that employee, or the spouse or immediate family member of any of the persons described in this sentence.

Agencies shall require that any non-individual entity desiring to contract with, or receive grant benefits from, any outside entity shall disclose (I) any position of control, or (II) any ownership interests of 10% or greater, that is held by a current or former member of the general assembly, constitutional officer, board or commission member, state employee, or the spouse or immediate family member of any of the persons described in this sentence.

As a condition for obtaining funding through a contract, lease, purchase agreement, or a grant with the Arkansas Department of Human Services (DHS), the following information must be disclosed:

Individual contractor (Responsible Party: Board President or Director) must indicate below if you are:

	Current Yes/No	Former Yes/No	Term(s) service
1. A member of the general assembly			
2. A constitutional officer			
3. A state employee			
4. Serving as a commission or board member			
5. Employed by outside entity or business			

Individual contractor (Responsible Party: Board President or Director) must indicate below if you are a spouse or immediate family member of an individual that is:

	Current Yes/No	Former Yes/No	Term(s) service	Relative's Name & Relationship
1. A member of the general assembly				
2. A constitutional officer				
3. A state employee				

4. Serving as a commission or board member				
5. Employed by outside entity or business				

List any individual who holds a position of control or ownership interest of 10% or greater in the entity if the individual:

	Current Yes/No	Former Yes/No	Relative's name & Term(s) service	Relationship	Individual
1. A member of the general assembly					
2. A constitutional officer					
3. A state employee					
4. Serving as a commission or board member					
5. Employed by outside entity or business					

List any individual who holds a position of control or ownership interest of 10% or greater in the entity if the individual is a spouse or immediate family member of:

	Current Yes/No	Former Yes/No	Term(s) service	Relative's name & Relationship	Individual
1. A member of the general assembly					
2. A constitutional officer					
3. A state employee					
4. Serving as a commission or board member					
5. Employed by outside entity or business					

Failure of any person or entity to disclose under any term of Executive Order 98-04 shall be considered a material breach of the terms of the contract.

Print Name: _____ Title: _____

Signature: _____ Date: _____

NOTE: Please disregard page three (3) and four (4) if you are not using a food contractor or Food Service Management Company for your food programs.

MUST BE COMPLETED BY CONTRACTOR OR FOOD SERVICE MANAGEMENT COMPANY

Contractor/FSMC Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contract Effective Date: _____ Telephone: _____ Email: _____

NOTE: THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO EXECUTION OF ANY ARKANSAS HEALTH AND NUTRITION CONTRACT.

Disclosure of Subcontractors

Agencies shall require, as a condition of obtaining or renewing a contract, lease, purchase agreement, or grant with any outside entity, that any individual or entity desiring to contract with any outside entity shall require that any subcontractor, sub-lessor, or other assignee (hereafter “Third Party”), shall disclose whether such Third Party is current or former; member of the general assembly, constitutional officer, board or commission member, state employee, or described in this sentence hold any position of control or any ownership interest of 10% greater in the Third Party, and shall report any such disclosure by the Third Party to the agency. The disclosure requirements of this paragraph shall apply during the entire term of the contract, lease, purchase agreement, or grant, without regard to whether the subcontract, sublease, or other assignment is entered into prior or subsequent to the contract date.

Third Party shall indicate below if he/she is:

	Current Yes/No	Former Yes/No	Term(s) service	Relative's name & Relationship	Third Party
1. A member of the general assembly					
2. A constitutional officer					
3. A state employee					
4. Serving as a commission or board member					
5. Employed by outside entity or business					

Third Party shall indicate below if he/she is a spouse or immediate family member of an individual that is:

	Current Yes/No	Former Yes/No	Term(s) service	Relative's name & Relationship	Third Party
1. A member of the general assembly					
2. A constitutional officer					
3. A state employee					

4. Serving as a commission or board member					
5. Employed by outside entity or business					

Agencies shall require, as further condition of obtaining or renewing any contract or agreement with any outside entity, that the individual or entity desiring to contract shall incorporate into any agreement with a Third Party, previously defined, the below stated language, and any other necessary language as provided by rules and regulations promulgated to enforce Executive Order 98-04, which provides that failure of the Third Party to disclose the identity of any person or entity described previously shall be considered a material breach of the agreement.

The failure of any person or entity to disclose as required under any term of Executive Order 98-04, or the violation of any rule, regulation or policy promulgated by the Department of Finance and Administration pursuant to this Order, shall be considered a material breach of the terms of the contract, lease, purchase agreement, or grant and shall subject the party failing to disclose or in violation to all legal remedies available to the Agency under the provisions of existing law.

Print Name: _____

Title: _____

Signature: _____

Date: _____

*** NON-DISCRIMINATION STATEMENT ***

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;