

**EVALUATION COMMITTEE MEMBER
DURHAM COUNTY CONFIDENTIALITY & CONFLICT OF INTEREST
DISCLOSURE STATEMENT**

All evaluators are required to read the Durham County Confidentiality & Conflict of Interest Policy and to sign this disclosure statement.

As a member of the Evaluation Committee to evaluate _ RFP 25-047 EMS System Billing and Collection Services
(Project Title and RFP/RFQ Number)

I, Marc Ferguson, hereby certify that I have read the Durham County Confidentiality & Conflict of Interest Disclosure Policy and agree to comply with the provisions stated therein.

I further attest that

(Please check one box)

☒ I do not have any conflict of interest with any of the proposers responding to this solicitation.

☐ I have a potential conflict of interest. See comments.

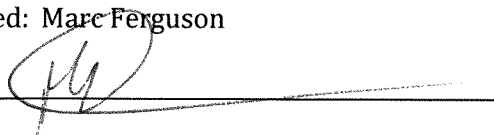
☐ I have a conflict of interest. See comments.

Comments:

This form shall be kept on file at Durham County's Purchasing Division as part of the public record for this solicitation.

Evaluation Committee Member Name printed: Marc Ferguson

Evaluation Committee Member Signature: _____



Signature Date: 6/17/25

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As a member of the Evaluation Committee to evaluate _ RFP 25-047 EMS System Billing and Collection Services _____
(Project Title and RFP/RFQ Number)

I, Connecia Brown, hereby certify that I have read the Durham County Confidentiality & Conflict of Interest Disclosure Policy and agree to comply with the provisions stated therein.

I further attest that

(Please check one box)



I do not have any conflict of interest with any of the proposers responding to this solicitation.

_____ I have a potential conflict of interest. See comments.

_____ I have a conflict of interest. See comments.

Comments:

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Evaluation Committee Member Name printed: Connecia Brown

Evaluation Committee Member Signature: Connecia Brown

Signature Date: 6/17/2025

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As a member of the Evaluation Committee to evaluate _ RFP 25-047 EMS System Billing and Collection Services _____
(Project Title and RFP/RFQ Number)

I, _Tracey DeShazo_____, hereby certify that I have read the Durham County Confidentiality & Conflict of Interest Disclosure Policy and agree to comply with the provisions stated therein.

I further attest that

(Please check one box)

☒ I do not have any conflict of interest with any of the proposers responding to this solicitation.

☐ I have a potential conflict of interest. See comments.

☐ I have a conflict of interest. See comments.

Comments:

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Evaluation Committee Member Name printed: ___Tracey DeShazo_____

Evaluation Committee Member Signature: Tracey DeShazo

Signature Date: ___06.16.2025_____

**EVALUATION COMMITTEE MEMBER
DURHAM COUNTY CONFIDENTIALITY & CONFLICT OF INTEREST
DISCLOSURE STATEMENT**

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As a member of the Evaluation Committee to evaluate _ RFP 25-047 EMS System Billing and Collection Services (Project Title and RFP/RFQ Number)

I, Tonia Hernandez hereby certify that I have read the Durham County Confidentiality & Conflict of Interest Disclosure Policy and agree to comply with the provisions stated therein.

I further attest that

(Please check one box)

☒ I do not have any conflict of interest with any of the proposers responding to this solicitation.

☐ I have a potential conflict of interest. See comments.

☐ I have a conflict of interest. See comments.

Comments:

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Evaluation Committee Member Name printed: Tonia Hernandez

Evaluation Committee Member Signature: Tonia Hernandez

Signature Date: 6/16/25

