Attachment 8

CERTIFICATION REGARDING CONFLICTS OF INTEREST

California Energy Commission Delegated Chief Building Officials

**Purpose of Certification**

Firms that submit a Statement of Qualifications for and are selected as the Delegated Chief Building Official (“DCBO”) for Energy Commission power plant projects must complete this certification regarding conflicts of interest.

The Firm is responsible for having assigned personnel, employees, and subcontractors who perform work under Tasks 3 through 7 complete the certification and for reviewing each certification at multiple points: (1) When the Firm submits a Statement of Qualifications to the Energy Commission; (2) within 30 business days from the date of the contract start date; and (3) every twelve months until the contract end date. This third phase of review will ensure that each employee and subcontractor of the Firm has considered his or her relationship with the project owner and project entities as such list is subject to change over the life of the project. The third review does not require the completion of a new form, but will require the DCBO to provide a written confirmation that a verbal verification was made for Section 3 of all employees and subcontractors who perform work under Tasks 3-7 under the particular contract, and will include a list of those individuals’ names. Upon request, the Commission Agreement Manager (CAM) will provide the DCBO with the current list of project owners and project entities.

Whenever there is a change in project owners or project entities, the CAM will provide a new list to the Firm, at which time the Firm will follow the procedures for the third review as noted above.

Completed certifications must be returned to the CAM to be filed with the Construction Progress Reports. No work under the contract will be authorized until all persons assigned to the project by the Firm have signed this certification.

Please be advised that this certification is a tool to help the Energy Commission identify perceived conflicts of interest for a given power plant project in a timely manner.

The Firm may also find this certification helpful for continually reviewing for potential conflicts of interest.

If you are unable to complete this certification, or if you have any questions, please contact the CAM, who will work with an Energy Commission attorney to help you resolve any issues or concerns.

**Please see Exhibit F, Conflict of Interest Provisions (Attachment 8a) for additional conflict of interest requirements.**

|  |  |  |
| --- | --- | --- |
| Section 1. Firm Employee/Subcontractor Information | | |
| Firm Employee/Subcontractor Name: | Date: | Daytime Phone Number: |
| Firm Name: | E-mail Address: | |
| Contract Number:  Name of Power Plant Project: | | |
| Section 2. Project Owners and Project Entities | | |
| List known project owners and project entities associated with the project listed in Section 1, including the project owner(s) (if different from “applicant”), applicant, applicant’s contractors for the project, intervenors, and intervenor’s contractors for the project.  **Project Owner(s)**:   * Calpine Corporation * Geysers Power Company, Inc   **Project Entities**:   * Western States Fire Protection Co. * Jacobs Engineering (formerly CH2MHill) * Atmospheric Dynamics * SCS Engineers * ERM | | |
| Section 3. Conflicts of Interest  Please carefully consider each statement below with respect to the persons and entities listed in Section 2. Do not change or modify any of the statements below. | | |

|  |
| --- |
| 1. Within the last 12 months, have you entered into an agreement or working relationship with anyone, or negotiated or made arrangements concerning employment with any person or entity listed in Section 2?   **If your response is ‘Yes’, please identify the person(s) and/or entity(ies) and the project name:**  **Yes**  **No**   1. Have you, your spouse, or a dependent member of your family received or been promised income aggregating $500 or more in value from any person or entity listed in Section 2 in the last 12 months?   **If your response is ‘Yes’, please identify the person(s) and/or entity(ies):**  **Yes**  **No**   1. Have you received or been promised one or more gifts aggregating $460 or more in value from any person or entity listed in Section 2 in the last 12 months?   **If your response is ‘Yes’, please identify the person(s) and/or entity(ies):**  **Yes**  **No**   1. Do you or your spouse have an investment worth $2,000 or more in any person or entity listed in Section 2?   **If your response is ‘Yes’, please identify the person(s) and/or entity(ies):**  **Yes**  **No**   1. Whether compensated or uncompensated, do you or your spouse serve as director, officer, partner, trustee, elected official, employee, or member, or hold any other position of management in any entity listed in Section 2?   **If your response is ‘Yes’, please identify the person(s) and/or entity(ies):**  **Yes**  **No**   1. Do you or your spouse have any business affiliation with any person or entity listed above?   **If your response is ‘Yes’, answer the following questions.**  **If your response is ‘No’, skip the following questions and please sign and date the form.**  **Yes**  **No**   1. Do you or your spouse serve on a board that has a contract with any person or entity listed in Section 2?   **Yes**  **No**   1. Is any person or entity listed in Section 2 a member of a board on which you or your spouse also serve?   **Yes**  **No**   1. Is your spouse a contractor for any person or entity listed above?   **Yes**  **No**    Please describe any other affiliation you or your spouse may have with each person or entity listed above: |

|  |
| --- |
| Section 4. Certification |
| *I declare, under penalty of perjury, that the information and statements in this form are true, correct, and complete to the best of my knowledge.*   |  |  | | --- | --- | | Firm Employee/Subcontractor Signature | Date |   *I certify that I have reviewed this form, and that the information and statements in this form are true, correct, and complete to the best of my knowledge.*   |  |  | | --- | --- | | Signature of Authorized Representative for Firm | Date | |