

**CONFLICT OF INTEREST QUESTIONNAIRE**  
For vendor doing business with local governmental entity

**FORM CIQ**

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

**OFFICE USE ONLY**

Date Received

**1** Name of vendor who has a business relationship with local governmental entity.

School Mate

**2** ☐ Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

**3** Name of local government officer about whom the information is being disclosed.

None

Name of Officer

**4** Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes

☒ No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes

☒ No

**5** Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

None

**6** ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

**7** Carli Greenough  
Signature of vendor doing business with the governmental entity

5-15-23  
Date

**FORM D: CONFLICT OF INTEREST INSTRUCTION AND**  
**QUESTIONNAIRE (FORM CIQ)**

**I. CONFLICT OF INTEREST STATEMENT**

AlSD is required to comply with Texas Local Government Code Chapter 176, Disclosure of Certain Relationships with Local Government Officers as well as the conflict of interest standards set forth in EDGAR, 2 C.F.R. § 200.318 when AlSD expends federal funds. No employee, officer, or agent may participate in the selection, award, or administration of a contract if he or she has a real or apparent conflict of interest. AlSD local government officers must disclose conflicts of interest by completing Form CIS, Local Government Officer Conflicts Disclosure Statement.

**II. Abilene ISD Board of Trustees and Superintendent include:**

Daryl Zeller	Angie Wiley
Dr. Danny Wheat	Rodney Goodman
Derek Hood	Bill Enriquez
Cindy Earles	Dr. David Young, Superintendent

**III. Current Local Government Officers include but are not necessarily limited to:**

Scott McLean	Lisa Metcalf
Joseph Waldron	

**IV. Conflict of Interest Form – attached.**

**V. Conflict of Interest Questionnaire – Instructions and Information is attached.**

I hereby certify that I have read Form D and Conflict of Interest Questionnaire (CIQ) Instructions/Information, and I agree and understand that the failure to disclose a conflict of interest and/or the failure to sign and submit Form CIQ, even if no conflict exists, with this proposal may result in disqualification.

Name of Authorized Representative: Cari Greenough

Signature of Authorized Representative: Cari Greenough

Date: 5-15-23