



**NOTICE OF INTENT TO RESPOND TO PUBLIC SOLICITATION**

In accordance with AMC 1.15.025(E), AMC 1.15.030(I), and AMC 1.15.035(M), I hereby provide notice that I intend to respond to the following public solicitation:

- 1. The Solicitation # is: \_\_\_\_\_ and the submission deadline is: \_\_\_\_\_
- 2. Municipal Department/Entity issuing this solicitation: \_\_\_\_\_
- 3. The solicitation is to provide:  Goods  Services  Lease  Other \_\_\_\_\_

To furnish: \_\_\_\_\_

- 4. I am:  Elected Official Elected Office \_\_\_\_\_
- Employee of  Municipal Department \_\_\_\_\_
- Anchorage School District
- Appointed Member of Board/Commission or Authority: \_\_\_\_\_

5. My Name: \_\_\_\_\_  
first middle initial last

6. Business Name submitting response to the public solicitation is: \_\_\_\_\_

- 7. The financial interest in the business is through:
  - Myself Ownership Interest in Business: \_\_\_\_\_ %
  - Household member – Name: \_\_\_\_\_ Ownership Interest in Business: \_\_\_\_\_ %

8.  Neither I nor a member of my immediate family as defined in AMC 1.15.110 works for the administrative department awarding or administering this solicitation.

9.  This notice is filed timely for publication and I shall submit a copy with my response to the solicitation.

**MANAGEMENT OF POTENTIAL FOR CONFLICT OF INTEREST**

10.  Neither I nor a member of my immediate family as defined in AMC 1.15.110 serves in a position that could influence municipal action with respect to development of this solicitation, approval of award, or municipal administration of work after award; no other preventive measures are necessary.

OR

The following preventive measures shall be taken to manage the potential for conflict of interest:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continued on reverse

I certify that my statements are true. In addition to any other penalty or punishment that may apply, the submission of a false statement is a violation of the Municipal Ethics Code.

\_\_\_\_\_  
Signature Date

11.  If employee under 1.15.025, Review by Administrative Supervisor.  
This Notice is filed by an employee under my supervision. I have reviewed this notice and either no potential for conflict exists or it has been managed by taking the preventive steps outlined above.

\_\_\_\_\_  
Administrative Supervisor Department or ASD Date

10. Description of Preventive Measures (Continued)

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***Procurement Staff Use Only Upon Award:***

**As the designated Ethics Officer for this procurement, I have reviewed this notice. To the best of my knowledge:**

1. Neither the person submitting this notice nor an immediate family member works for the administrative department awarding or administering the contract.
2. The person submitting this notice has not in fact or appearance attempted to improperly influence the award through personal actions or the actions of others.
3. As described in this notice, the potential for conflict of interest has been managed or none exists.

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Designated Ethics Officer for Procurement)

\_\_\_\_\_  
Date

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***Purchasing Officer/Procurement Official:***

To my knowledge and belief in representing the municipal department/entity responsible for procurement under this solicitation, the integrity of the public solicitation process is not adversely affected by this award.

\_\_\_\_\_  
Municipal Official/Title

\_\_\_\_\_  
Department/Public Entity

\_\_\_\_\_  
Date

***Return Completed Form to Clerk's Office Upon Award of Public Solicitation.***

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**Under the provisions of AMC 1.15, the Notice of Intent to Respond to a Public Solicitation must be electronically published at least 7 days before the final date for submitting a response to the solicitation. Notice must be received by the Clerk's Office at least two working days prior to electronic publication on the Municipality of Anchorage website (muni.org).**

*For Use by Clerk's Office:*

**Date filed:** \_\_\_\_\_ **Date electronically published:** \_\_\_\_\_

**Fee - \$ 15.00 (timely filing)**      **Paid by:**  Check     Cash    **Receipt No.** \_\_\_\_\_