STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF AGING
DISCLAIMER OF CONFLICT OF INTEREST
CDA CBAS 406 (REV 06/2026)

I, _____, declare that, as _____
(Name) (Title)
of the _____, I am familiar with the affairs and obligations of
(Corporate Name)
such corporation and am authorized to sign this disclaimer on its behalf. I declare that no officer or employee of the State, or any member of the Legislature, has any direct or indirect financial interest in _____ and that no officer, employee, or
(Corporate Name)
authorized representative of such corporation has offered or given to any officer or employee of the State, or member of the Legislature anything of value for the purpose of influencing or attempting to influence the negotiations for approval, or renewal, of the _____
(Corporate Name)
Medi-Cal Participation Agreement with the California Department of Aging. I further declare that to my knowledge and belief, no officer or employee of the State, or any member of the Legislature, has a direct or indirect financial interest in any existing contract with _____
_____.
(Corporate Name)
As used herein, “indirect financial interest” includes the ownership of stock, bonds, notes, other forms of indebtedness, or a partnership interest, by the officer of employee of the State, member of the Legislature or by a member of such person’s immediate family.

I declare under penalty of perjury that the foregoing is a true and correct statement.

Executed on _____ at _____, California.
(Date) (City)

_____
(Signature of Board Chair/President)

_____
(Printed Name)

_____
(Title)

_____
(Licensee Name)

_____
(Street Address)

_____
(City, State, Zip)