New Mexico Consortium
Employee Certification Form

DOD Funding

Certification Statement

I, the undersigned, hereby certify the following:

1. Status Regarding Covered DoD Official Designation

☐ I am not a covered DoD official.

☐ I am a covered DoD official and

☐ I have sought and received a written opinion from the appropriate DoD ethics counselor regarding the applicability of post-employment restrictions to the activities that I am expected to undertake on behalf of the New Mexico Consortium.

☐ I have not received such a written opinion after 30 days of seeking it.

☐ I have left DoD service more than 2 year ago

Definition of "Covered DoD Official":

An individual who:
- Left or leaves DoD service on or after January 28, 2008; and
- Either:
  1. Participated personally and substantially in an acquisition (as defined in 41 U.S.C. 131) with a value in excess of $10 million, and served in one of the following roles:
     - Executive Schedule position (5 U.S.C. Ch. 53, Subch. II);
     - Senior Executive Service position (5 U.S.C. Ch. 53, Subch. VIII);
     - General or flag officer position at grade O-7 or above (37 U.S.C. § 201);
  2. Or served in DoD as:
     - Program Manager or Deputy Program Manager
     - Procuring or Administrative Contracting Officer
     - Source Selection Authority or Evaluation Board Member
     - Chief of a financial or technical evaluation team for contracts exceeding $10 million

2. Criminal Background Statement

☐ I have NOT been convicted of fraud or any other felony arising out of a contract with the DoD after September 29, 1988.

Definition of "Conviction of Fraud or Any Other Felony":

Any conviction for fraud or a felony under state or federal law, including pleas of nolo contendere, for which a sentence has been imposed.

Employee Information and Signature

Printed Name: _____

Position Title: _____

Signature: _____

Date: _____