

POST-GOVERNMENT ETHICS QUESTIONNAIRE

The purpose of this questionnaire is to give **your ethics counselor** information needed for an opinion on applicability 41 USC 423.

41 USC 423 allows you to request a written agency ethics opinion on post-government employment restrictions. However, if the information provided is incomplete or false, or if you fail to follow your ethics counselor's advice, you cannot rely on this opinion as a defense to any civil or criminal action.

Ethics advice is based upon information given at that time. As circumstances change, the advice originally given may no longer be accurate. In such cases, you may want to submit a new questionnaire for another ethics opinion.

Information must be legible. Explain acronyms when used the first time.

SUBMIT REQUEST TO THE ETHICS COUNSELOR WHERE YOU WERE LAST ASSIGNED

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P R I V A C Y A C T S T A T E M E N T

AUTHORITY: PRIVACY ACT OF 1974 (5 USC 552(A)(7)), 41 USC 423, 5 C.F.R. 2635.602, AR 340-21

PRINCIPAL PURPOSE: TO ENABLE ETHICS COUNSELORS TO RENDER ADVICE TO MILITARY AND CIVILIAN EMPLOYEES LEAVING GOVERNMENT SERVICE.

ROUTINE USE: INFORMATION PROVIDED IS NOT CONFIDENTIAL. THE ETHICS COUNSELOR IS THE GOVERNMENT'S REPRESENTATIVE. **THERE IS NO ATTORNEY/CLIENT RELATIONSHIP ESTABLISHED BETWEEN THE ETHICS COUNSELOR AND THE INDIVIDUAL**, AND THE ETHICS COUNSELOR MAY NOT ACT AS AN ATTORNEY ON BEHALF OF ANYONE SUBMITTING THIS INFORMATION. THE INFORMATION WILL BE USED FOR PROVIDING WRITTEN ETHICS ADVICE. IT WILL BE RETAINED FOR SIX YEARS AND WILL BE AVAILABLE TO ETHICS COUNSELORS, FINANCE PERSONNEL, AND OTHER APPROPRIATE PERSONNEL RESPONSIBLE FOR COMPLIANCE WITH POST-GOVERNMENT EMPLOYMENT RESTRICTIONS.

DISCLOSURE: VOLUNTARY. NO CRIMINAL, CIVIL OR OTHER PENALTIES WILL FOLLOW FROM REFUSAL TO PROVIDE REQUESTED INFORMATION. HOWEVER, FAILURE TO FULLY DISCLOSE INFORMATION REQUESTED COULD

RESULT IN RECEIPT OF INCOMPLETE ADVICE OR THE INABILITY TO PROVIDE
WRITTEN ETHICS ADVICE PURSUANT TO 41 USC 423.

NOTE: THERE IS NEITHER AN ATTORNEY-CLIENT RELATIONSHIP NOR AN ATTORNEY-CLIENT PRIVILEGE CREATED BETWEEN YOU AND THE ETHICS COUNSELOR. INFORMATION PROVIDED ON THIS FORM OR TO THE ETHICS COUNSELOR IS NEITHER CONFIDENTIAL NOR PRIVILEGED.

I

PRIOR ETHICS ADVICE

Have you received any oral or written ethics advice from a Government Ethics Counselor, inside or outside of DoD, concerning your job search or prospective employment?

YES ____ NO ____

If "YES" Provide details.

II

BASIC INFORMATION

1. Name _____

2. Office Phone (____) _____ Address _____

Home Phone (____) _____ Address _____

3. Address to which you want your written ethics advice sent.

Home ____ Ofc ____

Grade or Rank: _____

4. Retirement Date: _____

Terminal Leave Date: _____

5. During the last year have you filed an SF 450, "CONFIDENTIAL FINANCIAL DISCLOSURE REPORT"?

YES _____ NO _____

If "YES", for which job?

6. Have you issued a disqualification statement, changed jobs, had your duties changed, or taken any other action to resolve a potential conflict of interest?

YES _____ NO _____

If you have issued a disqualification, Provide details.

7. What is your current (or last) DoD assignment? **Spell Out**

Acronyms

8. Attach your OER support form or job description and describe your duties, focusing on duties relating to defense contracts, acquisitions, or functions related to contract management (include names of programs and contractors involved).

9. With whom are you seeking employment?

10. What actions have you taken concerning your future employment?

11. What is your proposed job title and description of duties? (You may attach a job description)

12. Expected date of future employment? _____

III

QUESTIONS RELATING TO PROCUREMENT INTEGRITY, 41 USC 423

1. Since 1 January 1997, have you been assigned to the following duties, or personally taken one of the following actions, involving a contract award, payment or claim **in excess of \$10,000,000**?

A. PROCURING CONTRACTING OFFICER, OR SOURCE SELECTION AUTHORITY YES ____ NO

B. SERVICE AS A **MEMBER** OF A SOURCE SELECTION EVALUATION BOARD, OR AS **CHIEF** OF A FINANCIAL OR TECHNICAL EVALUATION TEAM YES ____ NO

C. PROGRAM MANAGER, DEPUTY PROGRAM MANAGER

OR ADMINISTRATIVE CONTRACTING OFFICER YES _____ NO

D. AWARD OF A CONTRACT, SUBCONTRACT, MODIFICATION, TASK ORDER OR DELIVERY ORDER, OR PAYMENT OF A CONTRACT CLAIM YES _____ NO

E. ESTABLISHING OVERHEAD OR OTHER RATES YES _____ NO

F. APPROVAL OF A CONTRACT PAYMENT YES _____ NO

2. If you answered "YES" to any of these actions, identify the contract in which you performed that function.

3. On each of those actions to which you answered "YES," identify the date when you took the action or were last involved in that process.

REQUEST

I request a written ethics opinion based on the information I provided in this Questionnaire, and I Certify the information to be true and correct to the best of my knowledge and belief.

Signed _____ Dated _____

SUBMIT REQUEST TO THE ETHICS COUNSELOR WHERE YOU WERE LAST ASSIGNED