

General Conflict of Interest Disclosure

Because _____ uses state and/or federal funds the
(Insert Agency Name)

agency must document and disclose the nature of any relationship that may exist. Please complete your name and address and provide the answers to the questions below:

Name: _____

Address: _____

1. Are you an employee or board member of this agency? Yes No

2. Are you related to an employee or board member of this agency? Yes No

If yes, to either question above, please give details:

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me. I certify that the above information is true and correct. I also understand that should the answers to the above questions change, it is my responsibility to report those changes immediately.

Signature: _____ Date: _____

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.

