

Board Member and Employee

Conflict of Interest Disclosure Form

I understand that I must fully disclose any and all professional or personal affiliations with organizations that receive or may request funds from the Administrative Agency (AA) for goods or services to the AA or its clients.

I further understand I must not use my official position to influence decisions that result or appear to result in direct or indirect financial, personal, organizational, or professional gain for myself or any party with whom I have family, business, or other ties.

I certify that I have read and understand the above statement and I understand that I may not have interest in, or in any manner be connected with, any contract or bid for furnishing supplies, materials, services, and equipment of any kind to the AA. Neither shall I, under penalty of dismissal, accept or receive from any person, firm, or corporation to whom any contract may be awarded, directly or indirectly, by rebate, gift, or otherwise, any money or other thing of value whatever, nor shall I receive any promise, obligation, or contract for future reward or compensation from any such party.

To the best of my knowledge:

I **do not** have any personal, professional, family or business affiliations with organizations or persons who either are funded through the AA or who may apply for funding.

I **do** have personal, professional, family or business affiliations with organizations or persons who either are funded through the AA or who may apply for funding, and will not take part in any decision or exert influence upon another person in regard to those persons or entities **disclosed below**.

Name:

Organization:

Position in organization:

Services provided by organization:

Name:

Organization:

Position in organization:

Services provided by organization:

Name:

Organization:

Position in organization:

Services provided by organization:

(Attach additional sheets if necessary.)

This information is provided in good faith to avoid any real or perceived conflict of interest in the discharge of my duties as a member of the staff or Board of Directors.

Printed Name

Board Member/Employee Signature

Date

cc:

Personnel

File