

Evaluator Conflict of Interest Disclosure

010-GP 002

Name of Program:	
Agency Name:	
EVALUATOR CONFLICT OF INTEREST DISCLOSURE	

I understand that my primary responsibility as a member of the evaluation process is to participate in the evaluation and the recommendation of proposals and to objectively consider the merits of each proposal based upon the Notice of Funding Opportunity (NoFO) criteria and tools provided to me.

Please check all applicable statements.	
<input type="checkbox"/>	The organization(s) I represent will NOT be submitting a proposal as the lead respondent, a subcontractor or in partnership with any respondent under the above grant program.
<input type="checkbox"/>	I have not written or contributed to any proposal submitted for the current opportunity name above.
<input type="checkbox"/>	I do not have a written or verbal agreement for present or future employment, nor am I under consideration for employment, with any potential respondent of the above grant program.
<input type="checkbox"/>	I do not have a conflict of interest related to any type of direct or indirect financial benefit, personal relationship(s), or other interests with any of the respondents to the funding opportunity named above.
<input type="checkbox"/>	I understand that as an individual, I will only share information about this NoFO evaluation process when authorized as a spokesperson by the Grant Program staff.
<input type="checkbox"/>	I will not participate in any ex-parte communication with respondents regarding the NoFO evaluation process and/or results.
<input type="checkbox"/>	I confirm that I have not been directly and/or indirectly lobbied by, and/or pressured by any agency/organization/individual(s) which submitted a proposal that I will evaluate.
<input type="checkbox"/>	I will maintain the confidentiality of the proceedings and associated materials and will not disclose to another individual any matter or information related to the evaluated proposals.
<input type="checkbox"/>	As a member of this evaluation committee, I am not entitled to receive compensation from Click here to enter text. for my services or my participation in the evaluation process.
<input type="checkbox"/>	Any violation of the above agreements shall result in my removal from the evaluation process and may disqualify some or all proposals submitted.
<input type="checkbox"/>	I read and agree to the above Conflict of Interest and Evaluation Responsibilities.

Check <u>one</u> statement:	
<input type="checkbox"/>	I have reviewed the above conflict of interest situations and Grant Policy 010-007. I do not have a conflict of interest whether perceived, potential, or actual.
<input type="checkbox"/>	I reviewed the above conflict of interest situations and Grant Policy 010-007. I am unable or choose not to participate in this evaluation process
<input type="checkbox"/>	I have a conflict of interest and will refrain from evaluating applications submitted by the following entities: [Name of Entity #1] [Name of Entity #2]

Evaluator Information and Signature:	
Name	
Title	
Organization	
Signature	
Date	