

Conflict of Interest Disclosure

(State Employee/Officers Authorized to Distribute Funding)
088-GP 02A

Name of Program:	
Agency Name:	
Conflict Of Interest Disclosure For State Employee/Officer Authorized to Distribute Funds	

As a state employee/officer, I will conduct the distribution of the above program funding with professionalism, integrity and objectivity.

Please check all applicable statements.	
	I do not have any preconceived ideas toward individuals, groups, organizations or objectives of a particular applicant that could bias the awards and/or any circumstances that could create a reasonable perception of bias regarding an award.
	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 listed program.
	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 an of the respondents to the funding opportunity named above.
	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 for which I will authorize an award.

Check one statement:	
	I have reviewed the above conflict of interest situations and the Grant Office Policy 088-007. I do not have a conflict of interest whether perceived, potential or actual.
	I reviewed the above conflict of interest situations and the Grant Office Policy 088-007. I am unable or choose not to participate in this distribution of funds.
	I have a conflict of interest situation and will refrain from awarding funds for applications submitted by the following entities: [Name of Entity #1] [Name of Entity #2]

State Employee/Officer Acknowledgement and Signature:	
I have read and agree to the above conflict of interest responsibilities. I also certified by my signature below, under penalty of perjury, that the information listed above is true and accurate to the best of my knowledge.	
Name	
Title	
Organization	
Signature	
Date	