

Conflict of Interest Disclosure Form

RFA 002-DCDEE-2018 Enhancing Infant and Toddler Experiences Initiative

Please place an **X** by the RFA Applicant's name if you have any direct or indirect conflict of interest with this agency.

- A direct conflict of interest is if you work for the agency, serve on the board of the agency or have any other clear relationship with the agency that would not allow you to consider a funding proposal (or other key decision) without bias.
- An indirect conflict of interest is if the agency you work for has a relationship with the agency or if you have any other relationships with someone who works for the agency or serves on the board of the agency that would prohibit you from considering a funding proposal without bias (or other key decision).

A Conflict of Interest does not mean that your judgment is flawed and that you would not make a sound decision. It simply means that there is a real or perceived conflict such that others may question the validity and integrity of a decision because it is perceived that those who are voting may benefit from the outcome of the vote.

Applicant/Agency Name	COI
Applicant: _____	

_____ **YES**, I have a conflict of interest and I have indicated in the column above which agency/proposal the conflict is with. I must abstain from any vote or discussion of a motion concerning this program.

Signature: _____

Print Name _____ Organization _____ Date _____

Reason for Conflict(s): _____

_____ **NO**, I do not have a conflict of interest with any of the agencies/programs listed.

Signature: _____

Print Name _____ Organization _____ Date _____