

CONFLICT OF INTEREST FORM

The Small Cities Development Program (SCDP) requires verification to see if a conflict of interest exists. Are any members of the household currently or within the last 12 months, a/an (see list below) of the state, or unit of local government, or any designated public agencies, or sub-recipients that are receiving assistance for the SCDP program? If yes, please mark appropriate position below. If no, please mark accordingly.

- Employee
- Agent
- Consultant
- Officer
- Elected Official
- Appointed Official

No conflict exists

Signature of Applicant: _____ Signature of Co-Applicant: _____

Date: _____

Note: If you mark a position above, it may be possible for the grantee and/or its agents to request further documentation and request an exception of the conflict from the funding agency.