

CONFLICT OF INTEREST INTERVIEW FORM
Small Cities Development Program

Have you or any member of your household or company been, during the last 12 months, an

- Employee ____
- Consultant ____
- Officer ____
- Elected official ____
- Appointed official ____

of the

- State ____ Name Agency: _____
- Local government/its agents ____ Name Position:

- Managing/consulting agency ____ Name Agency:

or, do you/have you had

_____ immediate family ties or a _____ business relationship with any of the
above named persons?

If yes, describe:

Note: If a conflict exists, it may be possible for the grantee and its agents to request an
exception to the conflict from the funding agency.

Signature of Applicant:

Date: _____