

Instructions: Return your completed form as part of your **Line Extension Bid** submission.

Conflict of Interest Disclosure Form

This form gives applicants and grantees an opportunity to disclose any actual or potential conflicts of interest that may exist when receiving a grant. It is the applicant/grantee's obligation to be familiar with the Office of Grants Management (OGM) [Policy 08-01: Grants Conflict of Interest](#) (Current Policies tab) and to disclose any conflicts of interest accordingly.

All grant applicants must complete and sign a conflict of interest disclosure form.

I or my grant organization do NOT have an ACTUAL or POTENTIAL conflict of interest.

If at any time after submission of this form, I or my grant organization discover any conflict of interest(s), I or my grant organization will disclose that conflict immediately to the appropriate agency or grant program personnel.

I or my grant organization have an ACTUAL or POTENTIAL conflict of interest.
(Please describe below):

If at any time after submission of this form, I or my grant organization discover any additional conflict of interest(s), I or my grant organization will disclose that conflict immediately to the appropriate agency or grant program personnel.

Printed name and Title:

Organization:

Signature:

Date:

OBD Program Use Only

This section to be completed by appropriate Grant Program Staff.

- Applicant has no conflict(s) of interest.
- Applicant has disclosed conflict(s) of interest and appropriate OBD Program staff have reviewed the conflict(s) and determined the conflict(s) can be mitigated in the following way(s):

Describe how conflict(s) will be eliminated.

- Applicant has disclosed conflict(s) of interest and appropriate OBD Program staff have reviewed the conflict(s) and determined the conflict(s) cannot be mitigated. As such Applicant will not move forward in the RFP/grant program process. OBD will communicate back to the Applicant and keep documentation of communication in RFP/grant program files.

I certify that the conflict(s) has/have been discussed with this Applicant and the actions above have been taken.

OBD Program's Signature

Printed Name:

Title:

Signature:

Date: