

CONFLICT OF INTEREST STATEMENT

ND DEPARTMENT OF COMMERCE/DCS

SFN 59337 (1/10)

I _____, a member of the
_____ Regional Council
Scoring and Ranking Committee, hereby attest and subscribe to the following:

- I understand that no employee, agent, consultant, officer or elected official of the state, unit of general local government, designated public agency or subrecipient shall participate in the scoring or ranking of a project that could be supported by federal grants funds, if a conflict of interest, real or perceived exists. Such a conflict would arise when the employee, agent, consultant, officer or elected official, any member of his/her immediate family, his/her partner or an organization which employs, or is about to employ any of the above has a financial interest or other interest in the project selected for funding.
- I am not in violation of any of the provisions of the Conflict of Interest Policy.
- I will immediately notify the Chair of the Scoring and Ranking Committee or Economic Development Review Committee and abstain from scoring the applications, if I find that any of the provisions of the Conflict of Interest Policy apply to me. I further agree to specify the circumstances surrounding any conflict or potential conflict, as it arises, to the Scoring and Committee of the Council.

Explain your Conflict:

Print Name	Representative of Community/Organization
Signature	Date