



Homeland Security



Conflict of Interest Disclosure Form

NOTE: A potential or actual 'conflict of interest' exists when commitments and obligations are likely to be compromised by a Sub-Recipient or a Sub-Recipient Governing Board's private material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed. In accordance with CFR200.112, which states: "...The Non-Federal entity must disclose in writing any potential conflict of interest to the Federal awarding agency or pass-through entity in accordance with applicable Federal awarding agency policy."

INSTRUCTIONS: This form is to be completed by all Sub-Recipients or Sub-Recipient's Governing Board Members whether or not there is a real or perceived conflict of interest, no conflict of interest, or a potential conflict of interest in undertaking their duties as sub-recipients of DHS/FEMA Preparedness Grant funds. A copy of the completed and signed forms are to be submitted to NEMA along with your signed GAN at the beginning of the grant year, and a copy should be kept for the sub-recipient's files. Should there be a change in leadership for the sub-recipient, those new individuals would need to complete this form and submit it to NEMA.

FORM:

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest.

- I have no conflict of interest to report.
- I have the following conflict of interest to report (please specify other non-profit and for-profit entities you [and your spouse] are involved with). If a for-profit business for which you or any of your immediate family members are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own. Should you need more room to write, you may attach additional pieces of paper.

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature

Date

County or Region Representing