



ANNUAL CONFLICT OF INTEREST STATEMENT

Name: _____

Position: _____

Are you a voting Director? Yes No

Are you an Officer of the WDB or WSM? Yes No

If yes, list your position: _____.

Are you an employee of WSM Contractor receiving WIOA funds

I affirm the following by initiating:

_____ I have received a copy of the WDB Conflict of Interest Policy.

_____ I have read and understand the policy.

_____ I agree to comply with the policy.

Do you have any relationships that might reasonably be regarded as creating a possible conflict of interest? Yes No

If YES, please describe:

I certify that I have read, understand and will comply with the WDB policy on Conflict of Interest.

Signature _____

Date _____