



## Conflict of Interest Disclosure Form

This form gives grantees an opportunity to disclose any actual, potential or perceived conflicts of interest that may exist during a grant process. It is the grantee's obligation to be familiar with the Office of Grants Management (OGM) Policy 08-01, Conflict of Interest Policy for State Grant-Making and to disclose any conflicts of interest accordingly.

If the grantee believes that any actual, potential, or perceived conflicts of interest exists, the grantee must identify that an actual, potential, or perceived conflict exists, but is not required to explain the reason for the conflict of interest on this disclosure form as this form is considered public data under Minn. Statute 13.599- Grants. It is important, whenever possible, that appropriate steps be taken to avoid any actual, potential, or perceived conflicts of interest. The grantee may be asked to discuss the conflict of interest with appropriate agency or grant program personnel. Please read the definition of conflict of interest below and mark the appropriate boxes that pertain to you and your status.

### Description of actual, potential, and perceived conflicts of interest:

**Actual conflict of interest:** An actual conflict of interest shall be deemed to exist when a review of the situation by the grantee or other agency personnel determines that a decision or action by the grantee would compromise a duty to another party.

**Potential Conflict of Interest:** A potential conflict of interest may exist if a grantee has a relationship, affiliation, or other interest that could create an inappropriate influence if the person is called on to make a decision or recommendation that would affect one or more of those relationships, affiliations, or interests.

**Perceived Conflict of Interest:** A perceived conflict of interest is any situation in which a reasonable third party would conclude that conflicting duties or loyalties exist.

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**As a grantee, I certify that I have read and understand the description of conflict of interests explained above and in OGM Policy 08-01 and (check one of the boxes below):**

I do not have any conflicts of interest.

or

I have an ACTUAL, POTENTIAL, or PERCEIVED conflict of interest.

If at any time during the grant I discover a conflict of interest, I will disclose that conflict immediately to appropriate agency or grant program personnel.

Organization Name: \_\_\_\_\_

Grantee's Signature: \_\_\_\_\_

Grantee's Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ County (if applicable): \_\_\_\_\_

**This section is completed by appropriate State agency or grant program personnel, (grant program manager and/or grant program supervisor) in the event that an “actual”, “potential” or “perceived” conflict of interest situation has arisen with the Grantee during the course of the grant period:**

I certify that the issue of Conflicts of Interest has been discussed with this Grantee and the following actions have been taken:

- Grantee has disclosed no conflict(s).
- Grantee has disclosed an actual, potential, or perceived conflict(s) and after additional discussion and investigation by agency or grant program personnel it was determined that a conflict of interest exists.
- Grantee has disclosed a potential or perceived conflict(s) but after additional discussion and investigation by agency or grant program personnel it was determined that no conflict of interest exists.

Additional Details or Comments from agency or grant program personnel:

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Grantee's Signature: \_\_\_\_\_

Grantee's Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

State Authorized Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_