

## APPENDIX G



### Conflict of Interest Disclosure Form

This form will be submitted to the MDVA Grants Specialist in the event that an actual or potential conflict of interest situation arises 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 or potential conflict of interest exists, the grantee must identify that the 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 or potential 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 or potential conflicts of interest:

**Actual conflict of interest:** An actual conflict of interest will 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.

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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, or POTENTIAL conflict of interest.

Additionally, 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/County Name:

Grantee's Signature:

Grantee's Printed Name:

Date:

**Section II - This section is completed by appropriate State Agency personnel in the event that an “actual” or “potential” conflict of interest situation has arisen with the Grantee anytime 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:

- The Grantee 's disclosed conflict(s) has been evaluated by the appropriate State Agency personnel and it has been determined that no conflict of interest exists. No corrective action is necessary.
  
- The Grantee 's disclosed conflict(s) has been evaluated by the appropriate State Agency personnel and it has been determined that a conflict of interest exists. Further investigation is necessary to determine an appropriate corrective action.
  
- The Grantee 's disclosed conflict(s) has been evaluated by the appropriate State Agency personnel and it has been determined that a conflict of interest exists. The following corrective action is necessary.

Additional Details or Comments from agency or grant program personnel:

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Grantee’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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MDVA Agency Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_