
SOUTHWEST WISCONSIN WORKFORCE DEVELOPMENT BOARD

**CONFLICT OF INTEREST
DISCLOSURE STATEMENT**

Name:

AFFILIATION WITH SWWDB:

(Check One) **Board Member** **Employee** **Grant Applicant** **Grantee**

1. Do you or any member of your immediate family have any ownership interest in, investment in, employment with, contractual relationship with, fiduciary or professional relationship with, any organization or entity which receives or may seek to receive funds from or which does business or may seek to do business with the Southwest Wisconsin Workforce Development Board?

Yes No

If you answered the previous question **YES**, please explain your answer below, giving the name of each and every such organization and the nature of your association with it.

Explain:

GRANT APPLICANTS AND GRANTEES ONLY: (Answers should be made keeping in mind each individual of the grant applicants & grantees' board of directors, or officers, or employees or any of their immediate family members.)

1. Are you a member of the Southwest Wisconsin Workforce Development Board?

Yes No

2. Do you have a business or employment relationship with any member of the Southwest Wisconsin Workforce Development Board?

Yes No If so, please explain below

3. Does any member of the Southwest Wisconsin Workforce Development Board serve on your organizations' board of directors?

Yes No If so, please identify the name of the member

Explain:

Signature

Date