

FORM SUPPLIED BY DEO  
AND CANNOT BE  
MODIFIED. THIS SAMPLE  
IS TO AID IN  
UNDERSTANDING HOW  
TO FILL OUT THE FORM.



SAMPLE ONLY

## DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

DO NOT CIRCLE

I, JOHN DOE, a board member / an employee of the board (circle one) hereby disclose that:

I, myself / my employer / my business / my organization/ OR "Other" (describe) LEAVE BLANK  
(circle one or more) could benefit financially from the contract described below:  
DO NOT CIRCLE

Local Workforce Development Board: SOUTH FLORIDA WORKFORCE INVESTMENT BOARD

Contractor Name & Address: MAINSTREET STORE, 1234 MAIN STREET, ANY TOWN, ANY STATE 00000

Contractor Contact Phone Number: 000-000-0000

Description or Nature of Contract: SOFTWARE MANAGEMENT SERVICE

Description of Financial Benefit\*: N/A

For purposes of the above contract the following disclosures are made:

The contractor's principals\*\*/owners\*\*\*: (check one)

have no relative who is a member of the board; OR  
 have a relative who is a member of the board, whose name is: \_\_\_\_\_

The contractor's principals\*\*/owners\*\*\* is  is not (check one) a member of the board. If applicable, the principal's/owner's name is: \_\_\_\_\_

SIGN HERE

JOHN DOE

Signature of Board Member/Employee

Print Name

JANUARY 25, 2023

Date

\* "Benefit financially from a contract" means the special private financial gain to a member, a special private financial gain to any principal which retains the member, the special private financial gain of the parent organization or subsidiary of a corporate principal which retains the member or the special private financial gain to any member's relatives or business associate or to a board employee and such benefit is not remote or speculative.

\*\* "Principal" means an owner or high-level management employee with decision-making authority.

\*\*\* "Owner" means a person having any ownership interest in the contractor.

NOTICE: CONFLICTS OF INTEREST REGARDING BOARD MEMBERS AND BOARD EMPLOYEES MUST BE DISCLOSED PRIOR TO THE BOARD'S VOTING TO APPROVE THE CONTRACT; BOARD MEMBERS WHO BENEFIT FINANCIALLY OR WHO HAVE A RELATIONSHIP WITH THE CONTRACTING VENDOR MUST ABSTAIN FROM THE VOTE, AND THE CONTRACT MUST BE APPROVED BY A TWO-THIRDS VOTE OF THE BOARD WHEN A QUORUM HAS BEEN ESTABLISHED. COMPLETION OF THIS FORM DOES NOT IN ANY WAY SUPERCEDE OR SUBSTITUTE FOR COMPLIANCE WITH CONFLICT OF INTEREST DISCLOSURE REQUIREMENTS OF SECTION 112.3143, F.S. OR SECTION 101(f), WIOA.



**DISCLOSURE AND CERTIFICATION OF  
CONFLICT OF INTEREST IN A CONTRACT**

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I, myself / my employer / my business / my organization/ OR "Other" (describe) \_\_\_\_\_  
\_\_\_\_\_ (circle one or more) could benefit financially from the contract described below:

Local Workforce Development Board: \_\_\_\_\_

Contractor Name & Address: \_\_\_\_\_

Contractor Contact Phone Number: \_\_\_\_\_

Description or Nature of Contract: \_\_\_\_\_

Description of Financial Benefit\*: \_\_\_\_\_

For purposes of the above contract the following disclosures are made:

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\_\_\_\_\_ have no relative who is a member of the board; OR

\_\_\_\_\_ have a relative who is a member of the board, whose name is: \_\_\_\_\_

The contractor's principals\*\*/owners\*\*\* \_\_\_\_\_ is \_\_\_\_\_ is not (check one) a member of the board. If applicable, the principal's/owner's name is: \_\_\_\_\_

\_\_\_\_\_  
Signature of Board Member/Employee

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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