Attachment A

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**CONFLICT OF INTEREST DISCLOSURE FORM**

**FOR** **LEGAL COUNSEL FOR SDWP GOVERNANCE REVIEW**

**NAME OF ORGANIZATION:** **\_\_\_\_\_\_\_\_\_\_\_\_**

1. Please list any and all individuals who assisted, contributed and/or substantially influenced the writing, research, preparation and submission of this quote:

1. Are any of the individuals involved in the writing, preparation, research and/or submission of this quote, members of SDWP Board of Directors, Workforce Investment Board, San Diego Consortium Policy Board, Adult Programs Committee, Youth Council and SDWP staff? If yes, please list those individuals:

1. Were any of the individuals involved in the writing, preparation, research and/or submission of this quote, employed by SDWP within the last twelve (12) months? If yes, please list those individuals:

1. If applicable, please describe any additional Conflict of Interest disclosures below.

I certify that the organization listed above has no conflict of interest as stated in the Request for Quotes.

Name:

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