Attachment A

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**CONFLICT OF INTEREST DISCLOSURE FORM**

**FOR** **ACT NATIONAL CAREER READINESS CERTIFICATE (NCRC) CONSULTANT**

**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 Workforce Development 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_