

CONFLICT OF INTEREST DISCLOSURE FORM

Title of Procurement	
Respondent's Organization Name	

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

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2. Are any individuals involved in the writing, preparation, research and/or submission of this quote members of San Diego Workforce Partnership's Workforce Development Board (WDB), San Diego Consortium Policy Board, and/or San Diego Workforce Partnership staff? If yes, please list those individuals:

Yes No

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

Yes No

4. If applicable, please describe any additional conflict of interest disclosure below.

Not Applicable

I hereby certify that the organization listed above has no conflict of interest as stated in the procurement.

Respondent Name

Respondent Signature

Date