

BLACK BUSINESS LOAN PROGRAM

CONFLICT STATEMENT

Form DEO/CD 7102-3

Instructions for Submitting the Conflict Statement

The Conflict Statement must be submitted as part of each of the following submissions to the Department:

1. Application of Certification as a Recipient of Funds, Form DEO/CD 7102-1.
2. Application for Recertification as a Recipient of Funds, Form DEO/CD 7102-2.
3. All quarterly reports submitted to the Department by a Recipient.

The Department may reject any Conflict Statement not submitted in the manner specified. The Department reserves the right to seek clarifications or request any information deemed necessary for proper evaluation of the statement. Failure to provide requested information may result in rejection of the Conflict Statement.

Contact Information

Name of Applicant/Recipient: _____

Federal Employer
Identification Number (FEIN): _____

Address: _____

Contact Person

Name: _____

Title: _____

Address: _____

Email: _____

Phone: () _____

Fax: () _____

Conflict Statement

A. The Applicant/Recipient confirms that no employee or member of the board of directors, or any close family relation or an employee or member of the board of directors of the Applicant/Recipient, DEO, and no elected official (state, county, and local government), owns, directly or indirectly, an interest in any business that benefited from any Funds provided by Applicant/Recipient under the Agreement.

Choose one (1) box:

- No conflict exists. Skip to part C.
- A conflict exists. Complete all sections below.

B. The nature of the conflict is as follows: (Attached additional pages if necessary) _____

C. The undersigned warrants that he or she is duly authorized to submit the Conflict Statement on behalf of Applicant/Recipient and to bind Applicant/Recipient to its terms.

(Applicant Name)

By: _____
(Signature)

(Type or Print Name)

As: _____
(Type or Print Title)