BLACK BUSINESS LOAN PROGRAM

CONFLICT STATEMENT

Form **DEO/CD** 7102-3

<u>Instructions for Submitting the Conflict Statement</u>

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 (FE	IN):	
Address:		
Contact Person		
Name:		
Title:		
Address:		
Email:		
Phone:	()	
Fax:	()	

Conflict Statement

A. The Applicant/Recipient confirms that no employee or member close family relation or an employee or member Applicant/Recipient, DEO, and no elected official (state directly or indirectly, an interest in any business that he Applicant/Recipient under the Agreement.	of the board of directors of the e, county, and local government), owns,	
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 addition	nal pages if necessary)	
C. The undersigned warrants that he or she is duly authorize behalf of Applicant/Recipient and to bind Applicant/Re		
(Applicant Name)	_	
By:	_	
(Signature)		
(Type or Print Name)	_	
As:	_	
(Type or Print Title)		