



Conflict of Interest Acknowledgment and Disclosure Form

Definition of Conflict of Interest

A conflict of interest exists when an employee, officer, agent, or board member has a financial or other interest that could compromise—or appear to compromise—their impartiality in the selection, award, administration, or oversight of federally funded contracts or programs.

This form is required to ensure compliance with the U.S. Department of Labor Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments (29 CFR §97.36), as incorporated into 2 CFR Part 200.

Acknowledgment

Printed Name: _____

Role (check all that apply): Board Members Contractors Employees Other: _____

Conflict of Interest Disclosure

I certify that I do NOT have a conflict of interest at this time.

I certify that I DO have an actual or the appearance of conflict of interest or an appearance described below:

Describe the nature of the conflict (attach additional pages if necessary):

Certification

By signing this form, I acknowledge that I have read and understand the Employ Milwaukee Conflict of Interest Policy and agree to comply with its provisions. I certify that the information provided is accurate and complete to the best of my knowledge and that I will promptly disclose any changes.

Signature: _____

Date: _____

Title/Role: _____

Department/Program: _____

For Internal Use Only	
Reviewed By:	Date Reviewed:
Determination: <input type="checkbox"/> No Conflict <input type="checkbox"/> Conflict – Mitigation Required <input type="checkbox"/> Conflict – Recusal Required	
Notes/Mitigation Plan:	
Notified DOL if applicable: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	

Form Date: 04.08.26

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