

CERTIFICATION CONFLICT OF INTEREST POLICY

Conflict of Interest Certification – To be placed on top of Agency’s Conflict of Interest Policy.

Grantee Organization Name

Date: _____

This is to certify that our organization’s Conflict of Interest policy is still current.

The effective date of the policy is _____.
(mo/day/yr)

The approved or adopted date of the policy is _____.
(mo/day/yr)

The policy was approved by:

- Board of Directors
 Other _____ (Attach appropriate documentation.)

Signature and Title