

Annual Conflict of Interest Statement

for

Soil Conservation District Board Supervisors

State Fiscal Year _____

_____ County Soil Conservation District

Supervisor Name: _____ (please print)

I affirm the following:

I have received a copy of the SCD Conflict of Interest Policy. _____ Initial

I have read and understand the policy. _____ Initial

I agree to comply with the policy. _____ Initial

Disclosures:

Do you have a financial interest (current or potential), as defined in the Conflict of Interest Policy with the _____ Soil Conservation District? Yes No

If yes, please describe:

If yes, has the financial interest been disclosed, as provided for and described in the Conflict of Interest Policy? Yes No

Signature of Supervisor

Date