**CERTIFICATION REGARDING DISCLOSURE OF CONFLICT OF INTEREST**

I have read the Texas Administrative Code 40 TAC, Rule § 83.1 and hereby notify the Director of the Dallas Area Agency on Aging of a conflict of interest I hold.

*If there is not a conflict of interest or potential conflict of interest, please select “No” for both questions, and sign and date.*

Does the Applicant have as an officer, director, employee, consultant or owner (in whole or in part) who is?

1. Related to (see relationship key below) a current employee of the Community Council of Greater Dallas (CCGD) or Dallas Area Agency on Aging (DAAA), member of the CCGD Board of Directors or DAAA Advisory Council?

\_\_\_\_ No

\_\_\_\_ Yes (If yes, please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. A person who is currently an employee of CCGD or DAAA or a member of the CCGD Board of Directors or DAAA Advisory Council, or a volunteer working within CCGD or DAAA programs?

\_\_\_\_ No

\_\_\_\_ Yes (If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship key: Wife, Husband, Son, Daughter, Father, Mother, Brother, Sister, Stepson, Stepdaughter, Mother-in-law, Father-in-law, Spouse’s sister, Spouse’s brother

I certify that the information above is complete, true and correct to the best of my knowledge.

I understand that lack of full, true and complete disclosure may be grounds for withholding payment for delivery of service and may cause contract termination.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorizing Individual Printed Name and Title

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Date

CCGD – Dallas Area Agency on Aging

FY2021