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) _____

2. 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

   _____
   Date