



## WOMEN, INFANTS AND CHILDREN PROGRAM CONFLICT OF INTEREST DISCLOSURE STATEMENT

I have read and do understand the Women, Infants And Children Program's (WIC) *Conflict of Interest* policy. By signing below, I am agreeing to always follow the policy.

And, to the best of my knowledge and belief, except as I have stated below, neither I nor any person with whom I have a personal, family or business relationship has a direct or indirect interest in or relationship to any individual or business that does or proposes to conduct business with WIC, including participants.

I will inform my supervisor, before any activity or discussion, if I find that I or any person with whom I have a personal, family or business, relationship may have a direct or indirect interest in or relationship to any individual or business that does or proposes to conduct business with WIC, including certification.

- I do not have any conflict of interests.
- I do have or may have a conflict of interest, which is (if needed attach separate page):

Name of Family Member or other individual posing a conflict	Relationship	Employer/Title (if applicable)
Example: John Doe	Brother	Manager at Fry's

Full Name (**printed**): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_