



ADVISORY PANEL CONFLICT OF INTEREST STATEMENT

A person having a special relationship with an applicant seeking funding from the IAC may not participate in the advisory panel review and evaluation of that applicant’s grant application.

Refer to the Application Summary Sheet for a list of the applicants seeking funding from your panel. Identify, in the space below, the name(s) of applicant(s) where any of the following relationship(s) currently exist for you, a member of your immediate family, housemate or dependent OR indicate that you have NO CONFLICTS:

- A Member of governing board or policy making committee
- B Significant business relationship with the applicant
- C Conducts the annual independent audit of the applicant
- D Employee or paid consultant of the applicant

No Conflicts of Interest

Conflict of Interest with the following applicant(s). I understand that I will be excused from the panel meeting during discussion and evaluation of the applicant(s) listed below.

Name of Applicant	Type of Conflict (specify A- D)

In addition, by signing below, you agree to observing the following IAC policy: Individuals serving as IAC grant review panelists and having access to contact information included within the grant applications, must not share any contact information with any individual or organization outside the confines of the panel review process.

Printed Name: _____

Signature: _____

Month/Date/Year: _____