

Attachment B

Florida Department of Commerce – Office of Long-Term Resiliency Conflict of Interest Worksheet

- I do not have** any personal or financial conflict of interest related to a Florida Department of Commerce Community Development Block Grant Disaster Recovery program.

- I do have** a personal or financial conflict of interest related to a Florida Department of Commerce Community Development Block Grant Disaster Recovery program. List the name of the program and the conflicts below.

<u>CDBG-DR Program</u>	<u>Reason for Conflict</u>

By signing below, I certify the information set forth above is true and complete to the best of my knowledge. Should my outside financial or managerial interests, or those of my family, change such that what I have reported here no longer holds true, I agree to submit an update to this disclosure within thirty (30) days of the change. I have read and understand the Conflict of Interest Memorandum [Attachment A] and the Conflict of Interest Policy and agree to abide by all rules set forth therein.

Name (Signature)

Date

Name (Printed)

Job Title