

CONFLICT OF INTEREST DISCLOSURE FORM

This form must be filled out *prior* to local decision-making meetings by each LCC member who has a conflict of interest with any application.

1. Local Cultural Council (LCC) Name _____

2. LCC Member Name _____

3. Address _____

4. Name of appointing official _____

5. Applications involved (*Please give applicant names and the nature of the relationship between the LCC member and the applicant.*)

APPLICANT NAME & MEMBER RELATIONSHIP	REQUEST AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____

6. Will you (or an immediate family member) receive money if this grant is awarded, either as an artist or as an employee of the applicant organization? YES NO
(Please check one.)

➡ If you answered “yes” to the above question, section “A” below must be completed.

SIGNATURE OF LCC MEMBER _____
DATE

SIGNATURE OF LCC CHAIR _____
DATE

A. INTEREST EXEMPTION

As clerk of the local legislative body, I certify that a disclosed interest in the above matter has been duly exempted by the local legislative body.

SIGNATURE OF TOWN/CITY CLERK _____
DATE

B. WAIVER

I have reviewed the matter described above and have determined that the interest disclosed is not so substantial as to be deemed likely to affect the integrity of services expected from the above council member.

SIGNATURE OF LOCAL APPOINTING OFFICIAL _____
DATE