

**STANISLAUS COUNTY WORKFORCE DEVELOPMENT BOARD  
DISCLOSURE OF CONFLICT(S) OF INTEREST**

I, \_\_\_\_\_, a Member of the Stanislaus County Workforce Development Board, or WDB Staff Member hereby disclose the following conflict(s) of interest with another position that I hold outside of the WDB.

**Check All That Apply**

\_\_\_\_\_ I have no conflicts to disclose.

\_\_\_\_\_ I represent a private sector employer that has current business/contractual dealings with the SCWDB WDB, or one or more of the One Stop Operators, Partners, or other WIOA funded Service Providers/Contractors.

\_\_\_\_\_ I have a family member(s) who is employed by a current or potential WIOA funded Service Provider/Contractor or by another organization that provides services directly to the SCWDB WDB.

\_\_\_\_\_ I represent a WIOA funded Service Provider/Contractor.

\_\_\_\_\_ I represent a One Stop Operator.

\_\_\_\_\_ I represent An AJCC Partner.

\_\_\_\_\_ Other: *(please describe the nature of the conflict)*

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For the reasons stated above, I promise and attest that I will hereby declare, before a vote or discussion on the matter, the nature and extent of the conflict. I will hereby voluntarily withhold from participating in any discussions pertaining to this matter and abstain from voting on the subject. I further understand that this shall not prohibit me from responding to any direct questions on the matter from other Members.

Member Signature

Witness Signature

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

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