

## APPLICANT CONFLICT OF INTEREST CERTIFICATION

Do you have any connection with any members or staff of the NJ Council on Developmental Disabilities?

- NO  
 YES

If yes, with whom? \_\_\_\_\_

If yes, is that connection:

- Personal  
 Relative  
 Business

Please explain the nature of that connection, including how long you have known the person(s):

As the duly authorized representative of the grant recipient, I certify that the above statement is true.	
LEGAL NAME OF GRANT RECIPIENT:	
<b>Signature of Authorized Representative</b>	Date
Print or Type Full Name	Title

<sup>1</sup>A list of Council staff and Council members can be found at <https://www.njcdd.org/>