



**DECLARATION CONCERNING CONFLICTS
FOR GRANT PROGRAM EVALUATORS**

INSTRUCTIONS

Please review the language in this declaration carefully prior to signing below. Once you have signed the declaration, please submit it to the SANDAG staff member who requested that you serve on SANDAG’s evaluation committee.

For purposes of this declaration “applicant” means any local, regional, and state agency including a city, county, metropolitan planning organization, transit agency, tribal government, private nonprofit organization, or school district.

For purposes of this declaration “interest in an applicant” means having an interest including, but not limited to, receiving compensation from in the past 12 months, having a management or policy making position for, having partnership with, or preparing a letter of support for an applicant.

For purposes of this declaration “relationship with an applicant” means serving as an employee, consultant, officer, attorney, or agent for an applicant.

DECLARATION

I, _____ (print name), have been asked to serve as a member of SANDAG’s evaluation committee for applications submitted for the following Call for Projects (“the Program”): _____.

I have reviewed the Sandag Evaluator Guidelines. I understand that I cannot serve as an evaluation committee member if I have an actual or potential conflict of interest that is prohibited by California law or am unwilling or unable to serve without discriminating against applicants on the basis of sex, age (over 40), religion, creed, race, nationality, color, disability, sexual orientation, or marital status. I understand that I will be expected to abide by SANDAG policy prohibiting discrimination when serving as an evaluator. I also understand that SANDAG’s policies prohibiting harassment, discrimination, or violence when dealing with SANDAG’s employees or using SANDAG’s facilities or property will also apply to me.

SANDAG has provided me with a list of the applicants who have submitted applications for the Program.

I understand that if I have an interest in or relationship with one or more applicants I will not necessarily be disqualified from being an evaluator, but that SANDAG will use the information provided to determine if a prohibited conflict could arise and if the risk of the conflict can be mitigated.

The name of my employer is: _____.

My employer is:

- a public agency
- a non-profit corporation
- a corporation
- a sole proprietorship
- an unincorporated association (partnership, joint venture, LLC, LLP, etc.).

Mark the box below that applies:

- I do not have an interest in, or relationship with, any applicant being considered for the Program;
- I do have an interest in, or relationship with an applicant being considered for the Program and the names of the applicant(s) and the title of the applicant's project application(s) is (are):

Applicant Name	Project Title	Type of Interest/Relationship with Applicant
		<input type="checkbox"/> Compensation <input type="checkbox"/> Management Position <input type="checkbox"/> Partnership <input type="checkbox"/> Letter of Support
		<input type="checkbox"/> Compensation <input type="checkbox"/> Management Position <input type="checkbox"/> Partnership <input type="checkbox"/> Letter of Support
		<input type="checkbox"/> Compensation <input type="checkbox"/> Management Position <input type="checkbox"/> Partnership <input type="checkbox"/> Letter of Support
		<input type="checkbox"/> Compensation <input type="checkbox"/> Management Position <input type="checkbox"/> Partnership <input type="checkbox"/> Letter of Support
		<input type="checkbox"/> Compensation <input type="checkbox"/> Management Position <input type="checkbox"/> Partnership <input type="checkbox"/> Letter of Support

I understand that I must immediately report any potential conflicts of interest that I become aware of after signing this declaration to SANDAG staff member leading the evaluation committee.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge on this _____ day of _____, 20_____.

Signature of Declarant **Printed Name of Declarant**

DO NOT WRITE BELOW THIS LINE – FOR SANDAG’S USE ONLY

To be completed by Grants and Contracts Staff:
 No conflict of interest issues; or
 Potential conflict of interest issue – referred to Office of General Counsel for review

Signature of Staff Member **Date** **Printed Name of Staff Member**

To be completed by the Office of General Counsel:
 Potential conflict of interest issue reviewed and no conflict of interest was found.
 Conflict of interest confirmed. Remedy as follows:
 Excuse individual from participation and locate another panel member.
 Have panel member recuse himself from evaluating the specific applications listed below.

Applicant Name	Project Title

Signature **Date** **Printed Name**

7/29/2020