



CONFLICT OF INTEREST DECLARATION

1. Our (my) firm _____ is an independent firm or company and has this date submitted a bid proposal, or quote to provide goods and/or services to the Polk County WorkForce Development Board, Inc.
2. I certify on behalf of the above named firm, that I nor my employees:
 WILL
 WILL NOT

have an interest, direct or indirect, which may or may not conflict in any manner or degree with the performance or provision of these goods and/or services to the Polk County Workforce Development Board, Inc.
3. If awarded a contract my (our) firm agrees that in providing the goods or in the rendering of services to the Polk County Workforce Development Board, Inc., no persons having any such interest shall be employed by the firm. I assume full responsibility for knowing whether my (our) employees or agents have any such interest and hereby certify that no such interest exists.

Date

Signature of Authorized Official

Printed Name and Title