

## CONFLICT OF INTEREST

Effective 9/12/2025

### Conflict of Interest Acknowledgment and Disclosure Form

#### WIOA Title I Programs

##### Purpose

To promote transparency, integrity, and compliance with federal and state ethics requirements, all individuals engaged in activities funded under the Workforce Innovation and Opportunity Act (WIOA) Title I must annually review and acknowledge their understanding of and agreement to comply with the Local Workforce Development Board's (LWDB) Conflict of Interest Policy.

This requirement applies to, but is not limited to employees, officers, agents, and board members of the LWDB, which can include:

- Workforce Development Board members
- Standing and ad hoc committee members
- Administrative and program staff
- Contractors, subrecipients, and service providers
- One-Stop Operator staff
- Any individual involved in procurement, oversight, or decision-making processes

#### Section I: Individual Information

Full Name: \_\_\_\_\_

Title/Role: \_\_\_\_\_

Organization/Agency (if applicable): \_\_\_\_\_

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

#### Section II: Disclosure of Potential Conflicts of Interest

Please disclose any relationships, affiliations, or financial interests (direct or indirect) that may present a real or perceived conflict of interest in relation to your role within the WIOA Title I workforce system. This includes, but is not limited to:

- Employment with or financial interest in entities receiving or seeking WIOA Title I funds

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•Service on boards or advisory committees of training providers or contractors

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•Personal, familial, or business relationships with individuals or organizations engaged with the LWDB

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•Participation in procurement or oversight processes that could be affected by such interests

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*Attach additional pages as needed.*

**Affiliations/Interests to Disclose:** ☐ None ☐ Yes – Please describe below:

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### **Section III: Acknowledgment and Certification**

By signing below, I certify the following:

- I have received, reviewed, and understand the LWDB's Conflict of Interest Policy.
- I understand that the policy applies to my role in all WIOA Title I-funded activities, regardless of my position as staff, board member, contractor, or partner.
- I agree to disclose any actual, potential, or perceived conflicts of interest as soon as they arise and to recuse myself from related decisions or discussions when applicable.
- I understand that failure to comply with the Conflict-of-Interest Policy may result in corrective action, including removal from position, contract termination, or other appropriate remedies.

**Signature:** \_\_\_\_\_

**Title/Role:** \_\_\_\_\_

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

Please submit by emailing to Amy Hall – [ahall@region6wv.org](mailto:ahall@region6wv.org) or Maria Larry - [mlarry@region6wv.org](mailto:mlarry@region6wv.org)