



WISCOM Policies, Procedures and Guidelines

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Subject Conflict of Interest Disclosure
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State of Wisconsin

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Conflict of Interest Disclosure Statement for Advisory Committee, Council and Working Group Members

Committee, Council, or Working Group Name

OJA Staff Contact

As a member of the above named committee, council or working group that provides policy advice to the Office of Justice Assistance, I am aware that I may be in a position to influence the use of federal grant funds.

The signature on this form certifies that I have informed the Office of Justice Assistance of any possible conflict of interest involving policies or funding related to the subjects for which I provide advice to the Office of Justice Assistance.

“Conflict of interest” includes any personal financial interest I or my immediate family may have in the policy or funding decisions made by the Office of Justice Assistance as a result of advice provided by the committee, working group, or council on which I serve.

- I am not aware of a possible conflict of interest.
- I am aware of a possible conflict of interest. A detailed description follows:

I understand that as a result of these disclosures, the Office of Justice Assistance may request additional information from me. In addition, the Office of Justice Assistance may require that I recuse myself from discussions involving certain policy or funding matters, abstain from certain votes or that I remove myself from participation in the committee, working group, or council. The Office of Justice Assistance will promptly inform me if any or all of the above are necessary. I agree to immediately notify OJA of any change of status that would affect the above disclosures or others create additional potential conflicts of interest.

Print Name

Signature

Date

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