

**IDAHO TRANSPORTATION DEPARTMENT
DIVISION OF PUBLIC TRANSPORTATION**

District Coordination Council (DCC) Committee

(Refers to any council or committee that has project funding recommendation responsibility)

Conflict of Interest Statement

Your designation as a member of the DCC funding review committee requires that you fully disclose any real, potential or perceived conflict of interest that may influence or appear to influence your objectivity, judgment, or decisions. Based on the specific detail of any possible conflict of interest, you may be asked to recuse yourself from elements of the evaluation and recommendation process. If at any point you determine that a conflict of interest may exist, it is your responsibility to list on the back of this form and verbally disclose any potential or perceived conflict of interests at the beginning of the DCC Balancing Meeting prior to submitting the signed form to ITD.

Examples of a conflict of interest, or the appearance of a conflict of interest, exist when a committee member:

- Is directly or indirectly associated with the project applicant.
- Is employed, working as an intern, or considered for employment by the project applicant.
- Is a student or volunteer with the project applicant.
- Is providing, or intends to provide, direct or in-kind financial assistance related to the applicant or project application.
- Is elected to, appointed to, or employed by an organization that is providing, or intends to provide, direct or in-kind financial assistance to an applicant or the project application.
- Is a member of a committee or Board, voting or otherwise, of the project applicant.
- Participated in the preparation of a submitted project application.
- Maintains an ownership position of any type, including securities or other evidences of debt, with the project applicant.
- Has a personal relationship with someone who has an interest in the project application.

The above examples and are not intended as a complete list. If you have any questions concerning possible conflicts of interest, contact the GaTeam at the Division of Public Transportation prior to signing this form.

I have read and fully understand this *Conflict of Interest Statement* and will immediately advise the Division of Public Transportation or the presiding chair of any potential conflict as well as any that may arise in the future during my term on the committee.

District #: _____

Name (printed) _____

Signature _____ Date _____