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I certify that	I have read and un	derstand th	ne descri	ntion of	conflict o	f interest abo	ve and
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below. (The grant reviewer may state any and all applicants with which they have a conflict of interest and describe the nature of the conflict in the space below, but it is
not required since this form is considered public information.)
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OR
☐ I am unable to participate in this review process.
If at any time during the review process I discover a conflict of interest, I will disclose that conflict immediately to appropriate agency personnel.
Reviewer's printed name: Flor Anderson
Reviewer's signature:
Date: $\frac{2/9/09}{}$
This section to be completed by RFP contact person or grant program supervisor:
I certify that the issue of Conflicts of Interest has been discussed with this reviewer and the following actions have been taken:
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Staff signature:

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OR
☐ I am unable to participate in this review process.
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Reviewer's printed name: Lester GBewsch
Reviewer's signature:
Date: 19Feb 09
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Staff signature: Wun & Buh
Parts 2-19-29

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I certify that I have read and understand the description of conflict of interest above and
(check one of the three boxes below):
I I do not have any appliets of interest relating to this are sense?
☐ I do not have any conflicts of interest relating to this program's grant applicants or proposed projects and I will participate in the review process.

below. (The grant reviewer may state any and all applicants with which they have a
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Mun
OR
☐ I am unable to participate in this review process.
If at any time during the review process I discover a conflict of interest, I will disclose that conflict immediately to appropriate agency personnel.
Reviewer's printed name: James Coo
Reviewer's signature:
Date: $2-90$
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Staff signature: 4x4/3xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
DESC. 20

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OR
☐ I am unable to participate in this review process.
If at any time during the review process I discover a conflict of interest, I will disclose that conflict immediately to appropriate agency personnel.
Reviewer's printed name: WAYWE ENBER
Reviewer's signature:
Date: $2-9-09$
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Staff signature: Wolff Bar- Date: 4 2001
Date: 1 2001

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below. (The grant reviewer may state any and all applicants with which they have a conflict of interest and describe the nature of the conflict in the space below, but it is not required since this form is considered public information.)
OR
☐ I am unable to participate in this review process.
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Reviewer's printed name: Roll A Schroeder
Reviewer's signature: Review A Schuir
Date: Fe6 9 2009
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Staff signature: WwyRen-
Dulie: 2/9/2009

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	OR
	☐ I am unable to participate in this review process.
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	Reviewer's printed name: Rick Hansen
-	Reviewer's signature: Dith Jonse
	Date: 2/9/09
This	section to be completed by RFP contact person or grant program supervisor:
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Staff	signature: <u>Welly Mars</u> <u>Jerray 1, 2005</u>
Date:	Jefrenz 1, 20-1

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	(check one of the three boxes below).				· · · · · ·
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	below. (The grant reviewer may state any and all applicants with which they have a conflict of interest and describe the nature of the conflict in the space below, but it is
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	Belwin Conservany
	OR
	☐ I am unable to participate in this review process.
	If at any time during the review process I discover a conflict of interest, I will disclose that conflict immediately to appropriate agency personnel.
	Reviewer's printed name: David Hantwell
	Reviewer's signature: Date: 2/9/08
This	section to be completed by RFP contact person or grant program supervisor:
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Staff	signature; <u>Wichid Bulin</u>
Datas	NO A 2019

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(check one of the three boxes below): I do not have any conflicts of interest relar proposed projects and I will participate in	tina ta thia w			
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below. (The grant reviewer may state any and all applicants with which they have a conflict of interest and describe the nature of the conflict in the space below, but it is
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OR
☐ I am unable to participate in this review process.
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Reviewer's printed name: Michael A. Kilene
Reviewer's signature:
Date: 2/9/09
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Staff signature: <u>(Mu-f Bell</u>) Date: <u>Jehna, 9, 2009</u>
Date: Jehnny 9, 2009

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I certify that I hav	e read and und	erstand tl	he descr	iption of	conflict	of interes	t above and
(check one of the							
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I do not have proposed pro	e any conflicts ejects and I wil	of interes l participa	st relatin ate in th	g to this e review	program process.	's grant a	pplicants or

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Reviewer's printed name: Darby Welson
Reviewer's signature:
Date: $\frac{2/9/09}{}$
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Staff signature; Wulf Buku
Staff signature; Wulf Buh. Date: 24 9, 2009

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OR
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Reviewer's printed name: Scott Rall
Reviewer's signature:
Date:
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Staff signature: Well-H.Bu-