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Please read the definition of conflict of interest below and mark the appropriate boxes that pertain to you and your status as a reviewer of applications for recommendation for funding from the Outdoor Heritage Fund.

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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 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.

OR

☐ I have reviewed the list of applicants, and I have an actual or potential conflict of interest. I will still participate in the review process and I will abstain from scoring, discussing and making decisions on any issues in relation to the applicants listed



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.
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: Hyly Moeven
Reviewer's signature:
Date:
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:
Reviewer has no conflict(s) and will fully participate in the review process.
Reviewer has disclosed a conflict(s) but will continue to participate in the review process. The reviewer will not be given any applications to review from those applicants with whom he/she has a conflict. The reviewer has been instructed to avoid discussing the applicant and / or applications from agencies with which the reviewer has a conflict of interest with other reviewers.
Reviewer has disclosed a conflict(s) and will not be participating in the review process in any manner.
Staff signature: Wwlf Bur
Date: 12-9-09

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☐ I certify that I have read and understand the descripti (check one of the three boxes below):	on of conflict of interest above and
I do not have any conflicts of interest relating to proposed projects and I will participate in the re	
OR	
☐ I have reviewed the list of applicants, and I have interest. I will still participate in the review production of any issues.	cess and I will abstain from scoring,

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.
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: Lester 6 Bensch
Reviewer's signature: Lester 6 Sand
Date:
This section to be completed by RFP contact person or grant program supervisor:
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Staff signature: While American Date:
Date:

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	ertify that I have read and understand the description of conflict of interest above and eck one of the three boxes below):
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O	R
	I have reviewed the list of applicants, and I have an actual or potential conflict of interest. I will still participate in the review process and I will abstain from scoring, discussing and making decisions on any issues in relation to the applicants listed

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.
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: Ryan Bron Son
Reviewer's printed name: Ryan Bron Son  Reviewer's signature: Reviewer's signature:
Date: 12-3-09
This section to be completed by RFP contact person or grant program supervisor:
certify that the issue of Conflicts of Interest has been discussed with this reviewer and the following actions ave been taken:
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Staff signature: Well Bak Date: 12-9-09
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OR
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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.)
Minnesota Valley Referbe Trust
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:
Reviewer's signature:
Date:
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Staff signature: Willy Brandson
Date: 12-9-09

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W []	cer	tify that I have read and understand the description of conflict of interest above and ck one of the three boxes below):
We)	Ø	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.
	OF	<b>R</b>
		I have reviewed the list of applicants, and I have an actual or potential conflict of interest. I will still participate in the review process and I will abstain from scoring, discussing and making decisions on any issues in relation to the applicants listed

	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.
	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: WAYNE ENGER
	Reviewer's signature:
	Date: 11-12-09
This	section to be completed by RFP contact person or grant program supervisor:
I cer	tify that the issue of Conflicts of Interest has been discussed with this reviewer and the following actions been taken:
Ø	Reviewer has no conflict(s) and will fully participate in the review process.
	Reviewer has disclosed a conflict(s) but will continue to participate in the review process. The reviewer will not be given any applications to review from those applicants with whom he/she has a conflict. The reviewer has been instructed to avoid discussing the applicant and / or applications from agencies with which the reviewer has a conflict of interest with other reviewers.
	Reviewer has disclosed a conflict(s) and will not be participating in the review process in any manner.
Staff	signature: Wulfler
Date	: 12/9/01

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Ø		tify that I have read and understand the description of conflict of interest above and eck one of the three boxes below):
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	OI	<b>}</b>
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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: Bos Gunther
Reviewer's signature: Bob Winther
Date:
This section to be completed by RFP contact person or grant program supervisor:
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Staff signature: White
Date: 12/9/09

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	OR
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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: SENATOR BIII Ingebrig BIII Ingebrig BIII

Date:

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: Will & Becken

Date: 12/23/09

6/08

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OI	<b>\</b>
	I have reviewed the list of applicants, and I have an actual or potential conflict of interest. I will still participate in the review process and I will abstain from scoring, discussing and making decisions on any issues in relation to the applicants listed

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.	
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: Kick Hansen	
Reviewer's signature: Lilh hous	
Date:	
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:  Reviewer has no conflict(s) and will fully participate in the review process.	
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Staff signature: WWW Bu	
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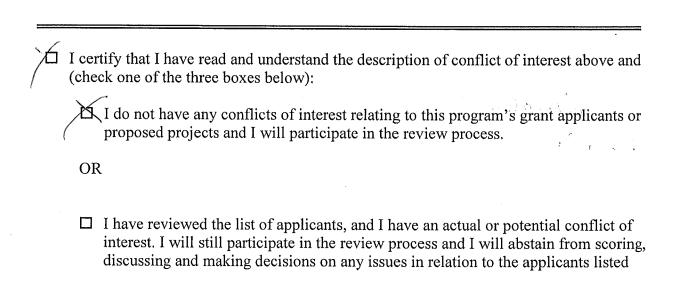
·	
I certify that I have read and understand the description of conflict of interest above and (check one of the three boxes below):	d
☐ I do not have any conflicts of interest relating to this program's grant applicants of proposed projects and I will participate in the review process.	
OR	
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	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.)  Ualley crede Protection Portnership  Restaring t Enhancing wildlife Hubitton Key Public lands Accoss Anderson plains  Lower Mississippi River Hubitut Perstander Partnership
	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 Hartwell
	Reviewer's signature:
	Date: 11/12/09
This	section to be completed by RFP contact person or grant program supervisor:
	fy that the issue of Conflicts of Interest has been discussed with this reviewer and the following actions been taken:
	Reviewer has no conflict(s) and will fully participate in the review process.
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Staff	signature: White
Date:	signature: Whith 12-9-09

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	OR .
	☐ I am unable to participate in this review process.
	y time during the review process I discover a conflict of interest, I will disclose that immediately to appropriate agency personnel.
Review	er's printed name: Michael A. Kikore
Review	er's signature:
Date:	Nov 12, 2009
This section to	be completed by RFP contact person or grant program supervisor:
I certify that the have been take	te issue of Conflicts of Interest has been discussed with this reviewer and the following actions on:
Reviewe	r has no conflict(s) and will fully participate in the review process.
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□ Reviewe	r has disclosed a conflict(s) and will not be participating in the review process in any manner.
Staff signature	: Well to Brun
Date:12	-9-09

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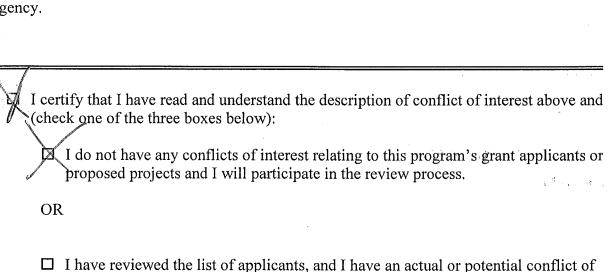
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	OR	
		I am unable to participate in this review process.
	•	me during the review process I discover a conflict of interest, I will disclose that mediately to appropriate agency personnel.
	Reviewer's	sprinted name: Jarby Welson
	Reviewer's	sprinted name: Jarby Nelson signature: Jarby Nelson
	Date:	12/17/09
Γhis	section to be	e completed by RFP contact person or grant program supervisor:
	tify that the is been taken:	sue of Conflicts of Interest has been discussed with this reviewer and the following actions
₫	Reviewer ha	as no conflict(s) and will fully participate in the review process.
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Staff	signature:	Web. Bal
Date	: 12/17	Web. Bal

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Please read the definition of conflict of interest below and mark the appropriate boxes that pertain to you and your status as a reviewer of applications for recommendation for funding from the Outdoor Heritage Fund.

**Description of conflicts of interest-** A conflict of interest shall be deemed to exist when a review of the situation by the grant reviewer or other agency personnel determines any one of the following conditions to be present:

- (a) A state employee or a grant reviewer uses his/her status or position to obtain special advantage, benefit, or access to the grantee or grant applicant's time, services, facilities, equipment, supplies, badge, uniform, prestige, or influence.
- (b) A state employee or a grant reviewer receives or accepts money or anything else of value from a state grantee or grant applicant or has equity or a financial interest in or partial or whole ownership of an applicant organization.
- (c) A state employee or a grant reviewer is an employee or board member of a grant applicant or grantee applicants or is a family member of anyone involved in the grantee or grant applicant's agency.



interest. I will still participate in the review process and I will abstain from scoring, discussing and making decisions on any issues in relation to the applicants listed

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.
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: Scott BALL
Reviewer's signature:
Date:
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:
Reviewer has no conflict(s) and will fully participate in the review process.
Reviewer has disclosed a conflict(s) but will continue to participate in the review process. The reviewer will not be given any applications to review from those applicants with whom he/she has a conflict. The reviewer has been instructed to avoid discussing the applicant and / or applications from agencies with which the reviewer has a conflict of interest with other reviewers.
Reviewer has disclosed a conflict(s) and will not be participating in the review process in any manner.
Staff signature: Will-film
Date: 12-9-09