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(che	tify that I have read and understand the description of conflict of interest above and ck one of the four boxes below):
` <b>X</b> AND/OR	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.
	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.)

	☐ I have a possible PERCEIVED conflict of interest.(Describe the nature of the perceived conflict of interest.)
	Describe Here:
	AND/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 & Bensch
	Reviewer's signature:
	Date: 3 Aug 11
This	s section to be completed by RFP contact person or grant program supervisor:
	tify that the issue of Conflicts of Interest has been discussed with this reviewer and the following actions been taken:
回	Reviewer has no conflict(s) and will fully participate in the review process.
	Reviewer has disclosed an <u>actual</u> , <u>potential or perceived</u> 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.
	tigair a trach the and said and said a trach and a said and a said and a said a said a said a said a said a said
Staf	f signature: Wile Si Bucker
Date	e: Algust 8, 2011  Revised: June 2011
	Revised: June 2011

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Des	scribe Here:

	Describe Henry
	Describe Here:
	AND/OR
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	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 signature:
	Date: 7-29-11
1av	rtify that the issue of Conflicts of Interest has been discussed with this reviewer and the following actions e been taken:
<b>2</b>	Reviewer has no conflict(s) and will fully participate in the review process.
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ť	☐ I am UNABLE to participate in this review process.
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	Reviewer's printed name:
	Reviewer's signature:
	Date: \( \sigma - 1 - 1 \)
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	ck one of the four boxes below):
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Describe Here:					

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	☐ I have a possible PERCEIVED conflict of interest.(Describe the nature of the perceived conflict of interest.)
	Describe Here:
	AND/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: ANDE ENGER
	Reviewer's signature:
	Date: 7-29-11
I cei	s section to be completed by RFP contact person or grant program supervisor:  rtify that the issue of Conflicts of Interest has been discussed with this reviewer and the following actions been taken:
凶	Reviewer has no conflict(s) and will fully participate in the review process.
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Date	f signature: Wile f. But  e: August 1, 2011  Project to the 2015
	Revised: June 2011

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Che (che	tify that I have read and understand the description of conflict of interest above and ck one of the four boxes below):
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Describe Here: Note: I verbalised my potential Conflict of I FEF Zebra M. (HREOB). Chair AND Committee members concluded, that this WAS NOT A CFI AND THAT I CAN participate 4 vote or
Otherst

	I have a possible PERCEIVED conflict of interest. (Describe the nature of the perceived conflict of interest.)
	Describe Here: 545 3 rd box.
	AND/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: Sill TNgebrigtsen
	Reviewer's signature:
	Date: 8/23/2011
TI •	s section to be completed by RFP contact person or grant program supervisor:
	rtify 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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S d	enature Ingeloxistsen has no organization and conflict of interest fore bes he stand to benefit personally from the zelva mussed requests the MAY PARTICIPATE FULLY.
Staf	f signature: Willie 4: Buber
Date	=: Qualit 23.201

Revised: June 2011

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	Describe Here:

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	Describe Here: THE NATURE CONSERVANCY:  Trustee 2005 - Feb 2011
	AND/OR
	☐ I am UNABLE to participate in this review process.
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	Reviewer's printed name: JANE H. KINGSTON
	Reviewer's signature:
	Date:08/05/11
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The of he con	No. Kingston no longer sits on the Nature Conservorcy Bond of Dinton One is refore not conflicted by definition. Someone mither personic her conflicted because in recent knowledge of TNC board decision and other matters. To address any perceival place dress will perfect her disassociation from the TNC board by self-impossing one year "apparation of service period" during which she will receive herself from pastingstim decisions and discussion's energies. To TNC regrests.
Staf	f signature: Whi f. Ber
Date	e: 8-9-11

Revised: June 2011

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·····	
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AND/OR	
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	Date: 8-18-2011
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Staff	signature: Will H. Bed
Date	signature: Will H. Berlin:  Bugest 23, 2011
	Revised: June 2011

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**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.

) <b>X</b> (	I certify that I have read and understand the description of conflict of interest above and (check one of the four boxes below):
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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.

П	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.)

Describe Here:	 		 _
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	☐ I have a possible PERCEIVED conflict of interest. (Describe the nature of the perceived conflict of interest.)
	Describe Here:
	AND/OR .
	☐ I am UNABLE to participate in this review process.
٠	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: Denny Mc Namara
	Reviewer's printed name: Denny Mc Namara  Reviewer's signature: Oam Manan
	Date: 8-5-2011
This	section to be completed by RFP contact person or grant program supervisor:
	ify that the issue of Conflicts of Interest has been discussed with this reviewer and the following actions been taken:
(F)	Reviewer has no conflict(s) and will fully participate in the review process.
	Reviewer has disclosed an <u>actual</u> , <u>potential or perceived</u> 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.
Staf	f signature: Willing H. Bular
Date	signature: Willing H. Declar  Revised: June 201

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	Reviewer's printed name: Scort RAU
	Reviewer's printed name: Scort Rau  Reviewer's signature: CCCC
	Date: 8-16-11
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l cei	tify that the issue of Conflicts of Interest has been discussed with this reviewer and the following actions been taken:
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A	the Pheson Forever reguests benefit nobles County of Mores Country or Mores Country
Staf	signature; Wuhfur
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	Revised: June 201

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Staff.	cionature: Alle Alle Alle
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Staff signature: Why. But
Date: Angree 4, 2010 Revised: June 201