



**Workforce Innovation and Opportunity Act
CONFLICT OF INTEREST POLICY
ATTESTATION**

I do hereby attest and affirm that I have received, read, and understand the Lane Workforce Partnership (LWP) Conflict of Interest Policy and agree to be bound by it. I will promptly inform the LWP Board Chair of any material change that develops in the information contained herein.

I am a (select all that apply):

Prospective Board Member of Lane Workforce Partnership

Council Member of Lane Workforce Council

Committee or Task Force Member of Lane Workforce Partnership

I have no conflicts(s) to disclose. The below list is not exhaustive, but if any of these reasons for a conflict arise, I will immediately inform the Board Chair of a conflict of interest:

- I represent a private sector employer that has current business/contractual dealings with LWP or one or more of the WIOA or federally funded service providers.
- I have a family member who is employed by a current or potential WIOA or federally funded service provided or by another organization that provides services direction to LWP.
- I represent a WIOA-funded service provider/contractor.
- I represent a One-Stop Operator
- I represent a One-Stop Partner

I promise and attest that I will hereby declare before a vote or discussion on the matter, the nature and extent of a conflict of interest. I will hereby voluntarily withhold from participating in any discussion pertaining to this matter and abstain from voting on the subject. I further understand that this shall not prohibit me from responding to any direct questions on the matter from other LWP Members.

Print Name: _____

Organization & Title: _____

Signature: _____

Date: _____