Conflict of Interest Disclosure Form

Genesee County Opioid Settlement Steering Committee

Conflict of interest is defined as a potential or actual financial association that may bias or have the appearance of biasing an advisory panel member's decision relation to opioid settlement funds planning, decision-making process or other committee activities.

This form is intended to outline whether a steering committee member has an economic interest in any entity whose financial interests would be affected by the opioid settlement funds.

Date:

_____

_____

Name:

_____

_____

Title:

_____

_____

Entity/Organization:

_____

Affiliations with other entities/organizations:

_____

Please check all conflicts of interest that apply:

- ☐ I have no conflicts of interest to report.
- ☐ My entity/organization will be submitting a request for funding through county opioid settlement funds.
- ☐ I am associated with another entity/organization that will be requesting county opioid settlement funds.
- ☐ An entity/organization I am affiliated with is receiving county opioid settlement funds.
- ☐ An entity/organization I am affiliated with is receiving state opioid settlement funds.
- ☐ I have additional conflicts of interest to report.

Additional conflicts of interest:

_____

_____

_____
_____

I certify that all information provided above is true and complete to the best of my knowledge.

Signature:

_____
_____

Date:

_____
_____