CONFLICT OF INTEREST DISCLOSURE FORM

Alabama State Department of Education
Title IV, Part B, Nita M. Lowey 21st Century Community Learning Centers (CCLC)
FY 2025

Each subgrantee must disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. This form aims to help ALSDE identify the actual or potential conflict and ensure avoidance where necessary. Please complete and sign the form below as it relates to a conflict-of-interest within Title IV, Part B, and 21st CCLC program. Upload the form by **December 30, 2024**, to https://aub.ie/2024-2025Conflict-of-Interest. Please submit a copy to your Program Director/Site Director.

____ **As an external evaluator, I must be:**

- An individual, agency, organization, or entity with **no vested interest** in the 21st CCLC program.

I acknowledge that the following are excluded from serving as an external evaluator:

- Family members of applicants or their partners.
- Employees of applicants or employees of the applicant's partners.

____**As an external evaluator:**

I have the following conflict-of-interest(s) to report. Please describe any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict-of-interest to financial or other interest in the firm selected for the award:

- I am an individual, agency, or organization with **a vested interest** in the 21st CCLC program.
- I have family members who are applicants or partners in the program.
- I am an employee of an applicant or an applicant's partner.
- I have family members who are employees of applicants or their partners.

Below please provide a written statement to disclose the potential conflict. Add additional details if needed.

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I certify that the information set forth above is true and complete to the best of my knowledge. I agree that if I become aware of any information that might indicate that this disclosure is inaccurate, I will notify the ALSDE 21st CCLC team immediately.

Program Director/ Site Coordinator Signature: Date

External Evaluator Signature: Date