**ATTACHMENT A**

**Conflict of Interest Disclosure for WIOA Youth Program Services**

**NAME OF ORGNANIZATION:**

1. **Please list any and all individuals who assisted, contributed and/or substantially influenced the writing, research, preparation and submission of this proposal:**
2. **Are any of the individuals involved in the writing, preparation, research and/or submission of this proposal members of the Imperial County Workforce Development Board (ICWDB), ICWDB Youth Committee and ICWDB staff? If yes, please list those individuals:**
3. **Were any of the individuals involved in the writing, preparation, research and/or submission of this proposal, employed by ICWDB with the last twelve (12) months? If yes, please list those individuals:**
4. If applicable, please describe any additional Conflict of Interest disclosures below:

I certify that the organization listed above has no Conflict of Interest as stated in the RFP.

Name:

Signature: