

Peer Review of submissions in response to
RFP #: GC17-001
2017-2022 21st Century Community Learning Centers Grant Application

Statement Regarding Conflict of Interest

Please complete, sign and return this form to:

NYS Education Department
Student Support Services
Attn: 21st CCLC
89 Washington Ave., 318M EB
Albany, NY 12234

I, _____
(please print name)

- ☐ I am not an applicant, or representative of an applicant, that has submitted an application for the current application period. (This applies if an individual is employed or contracted by an agency acting as Lead Applicant in a proposal, or employed or contracted by an agency acting as a partner in a proposal.)
- ☐ I have reviewed the list of applications that I am to review for any potential conflict of interest.
- ☐ To the best of my knowledge none of the proposals I will be reviewing present any conflict of interest.
- ☐ I am not affiliated with any organization whose application I will be reviewing.
- ☐ Neither my spouse nor any immediate family member is affiliated with any organization whose application I will be reviewing.
- ☐ I have no personal relationship with staff of the programs whose applications I will be reviewing.
- ☐ I am not, to my knowledge, named as a consultant in any application I will be reviewing.
- ☐ If I determine at any point during the review process that I have a conflict or think I may have a conflict, with any proposal I am reading I will contact State Education Department 21st Century staff immediately.

(Signature)

(Date)