

Instructions: Grantees who are individuals, not corporate entities, should complete this certification for all state funds received. The individual grantee should enter appropriate data in the yellow highlighted areas. The completed and signed form should be provided to the grantee funding the grant to be attached to the contract for the grant funds. A copy of this form, along with the completed contract, should be kept by the funding grantee and available for review by the state funding agency and the Office of the State Auditor. If you have questions, contact: Janet Hayes, Office of the State Auditor, 919-807-7558.

State Grant Certification – For Individual Grantees Conflict of Interest

[Date of Certification (mmddyyyy)]

To: [enter name of grantee supplying grant funds]

Certification:

I certify that **[insert your individual name]**, as the individual, not corporate, recipient of this Grant Contract, do not have a Conflict of Interest as defined as a situation in which regard for one duty tends to lead to disregard of another duty. An actual or perceived conflict of interest arises when different business relationships seek opposite or competing goals. For instance, a contract for disposing of waste in which payment was based on the amount of waste being disposed could be perceived as a conflict of interest to a recycling grant that would reduce the amount of waste being disposed.

Should a conflict of interest arise, I shall address the situation in the following manner:

[insert your procedures for addressing the conflict of interest]

I further understand that a false statement made is in violation of North Carolina G.S. 143-6.2 (b1¹) and such a false statement would be a criminal offense punishable as provided by North Carolina G.S. 143-34(b).

Sworn Statement:

I, **[insert your individual name]** of **[City]** in the State of **[Name of State]** also acknowledge and understand that any misuse of state funds will be reported to the appropriate authorities for further action.

[Name]

Sworn to and subscribed before me on the day of the date of said certification.

(Notary Signature and Seal)

My Commission Expires: _____

If there are any questions, please contact the North Carolina Office of the State Auditor:
Leigh Ann Kerr @ (919) 807-7535 or
Harriet Abraham @ (919) 807-7673.