

**Sweetwater County School District Number One Head Start
Conflict of Interest**

Acknowledgement and Disclosure Form

I have read the SCSD#1 Conflict of Interest set forth in the Bylaws and agree to comply fully with its terms and conditions at all times during my service as a SCSD#1 Policy Council member. If at any time following the submission of this form I become aware of any actual or potential conflicts of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly notify Executive Director and Director in writing.

Disclosure of Actual or Potential Conflicts of Interest:

Policy Council Member Signature: _____

Policy Council Member Printed Name: _____

Date: _____