



ATTACHMENT H

CONFLICT OF INTEREST STATEMENT

Name: _____

Affiliation with the City of Milwaukee, Mayor’s Office or the Employ Milwaukee: (check one)

- Member
- Employee
- Grant Applicant
- Contractor

Do you, or any member of your immediate family have any ownership interest in, Development in, employment with, contractual relationship with, fiduciary or professional relationship with any organization or entity which receives or may seek to receive funds from, or which does business or may seek to do business with the City of Milwaukee, Mayor’s Office or Employ Milwaukee?

- a. YES
- b. NO

If yes, please explain, giving the name of every such organization and the nature of your association with it.

For Grant Applicants and Contractors Only. (Answers should be made keeping in mind each individual of the grant applicant’s and contract’s board of directors, officers, employees, or any of their immediate family members).

1. Are you an employee of the City of Milwaukee, Mayor’s Office or Employ Milwaukee?

- a. YES
- b. NO

2. Do you have a business or employment relationship with the City of Milwaukee, Mayor’s Office or Employ Milwaukee? [

- a. YES
- b. NO

If yes, please explain:

3. Does any employee of the Mayor’s Office, City of Milwaukee or Employ Milwaukee serve on your organization’s Board of Directors?

- a. YES
- b. NO

If yes, please explain:

Signature _____

Date _____

Employ Milwaukee is an equal opportunity employer and service provider. If you need this information or printed material in an alternate format, or in different language, please contact us at (414)-270-1700. Deaf, hard of hearing, or speech impaired callers can contact us through Wisconsin Relay Service at 7-1-1.