

Attachment 1
Conflict of Interest Disclosure Form

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CONFLICT OF INTEREST DISCLOSURE FORM

Officers, Directors, or key employees of the proposer who are employed by New York State:

Name of State Employees who directly own interest of ten percent or more of the proposers business:

List and describe proposer's professional relationships involving the State or any of its agencies for the past five (5) years:

Other potential Conflicts of Interest (describe):

Authorized Signature:

Date: