MINNESOTA RIVER AREA AGENCY ON AGING, INC.
201 North Broad Street, Suite 102
Mankato, MN 56001

MNRAAA

Conflict of Interest Disclosure Form for Grantee Recipients (Transactions Over $500)

Section 1: Grantee Information

Applicant/Recipient Organization Name: _____

Project Title / RFP Name (if applicable): _____

Grant Program Name: _____

Date: _____

Section 2: Conflict of Interest Disclosure

Conflicts of interest may be actual, potential, or perceived. Please review the definitions below and indicate whether any apply (Listed by Type & Description):

- ☐ Actual, Use of official position to secure benefits for self, relatives, or associated organizations.
- ☐ Potential Relationships or affiliations that could influence decision-making.
- ☐ Perceived, A reasonable person could conclude that conflicting duties or loyalties exist.

Select one:

- ☐ To the best of our knowledge, no actual, potential, or perceived conflicts of interest exist.
- ☐ We disclose the following actual, potential, or perceived conflicts of interest:

Name of Entity/Individual, Relationship (e.g., employee, contractor, family)

Section 3: Organizational Conflict of Interest

An organizational conflict of interest exists when impartiality or objectivity may be impaired due to other relationships or access to nonpublic information.

- ☐ No organizational conflicts exist.
- ☐ The following organizational conflicts are disclosed:

Section 4: Certification

By signing below, the Applicant/Recipient certifies:

- All information provided is accurate and complete.
- Any future conflicts will be disclosed immediately in writing.
- Conflict of interest disclosures will be obtained and retained from all subgrantees or subcontractors.

Authorized Representative Name: _____

Title: _____

Signature: _____ Date: _____

Section 5: For Grant Program Use Only

☐ No conflict(s) disclosed.

☐ Conflict(s) disclosed and reviewed. Mitigation plan in place:

☐ Conflict(s) disclosed and determined not mitigable. Applicant will not proceed.

Reviewed by: _____

Title: _____

Signature: _____ Date: _____