



State of New Jersey

DEPARTMENT OF STATE

P.O. BOX 300

TRENTON, NEW JERSEY 08625

PHILIP D. MURPHY
Governor

TAHESHA WAY
Secretary of State

SHEILA Y. OLIVER
Lt. Governor

New Jersey Dept. of State Complete Count Commission Grant Program

CONFLICT OF INTEREST

I _____, while serving on the Department of State, New Office of Faith Based Initiatives peer review panel agree and abide by the ethical standards of the State of New Jersey. Persons providing goods or services to, or performing contracts for the state must be fully informed of the policies of the state concerning their relationships with the state officers or employees and other agencies. The external consultant, hereafter referred to as "special state officer," as well as all state employees, must adhere to the following assurances, which are summarized from Executive Order No. 189;

All persons supplying goods or services to the State of New Jersey performing contracts or executing public works, will perform honestly and will avoid conflicts of interest.

The New Jersey Conflicts of Interest Law prohibits any state officer or employee and special state officers of having interest in, or engaging in, any activity that is in conflict with the proper discharge of their duties in the public interest. Any employee or officer shall refrain from undertaking any employment or service which might impair their objectivity or independence or judgment or to receive any fee, commission, compensation gift, gratuity of any kind, directly or indirectly, from any person having duties or responsibilities in connection with the purchase or acquisition of property or services by the state or any other agency or instrumentality thereof, or on behalf of any seller or supplier of such goods or services or their party.

Any person, firm, corporation, or other entity which provides or offers or proposes to provide goods or services to, or perform any contract for any state agency, shall not pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity or other thing of value of any kind to any state officer, or employee, or special state officer of employee, or any partnership, firm, or corporation with which they are employed or associated, or to any officer or employee that has an interest.

No state officer, employee, special state officer or employee, shall influence, or attempt to influence or cause to be influenced in his official capacity in any manner which might tend to impair the objectivity or independence or judgment of said officer or employee.

No state officer of employee shall make available any information to any applicant or interested party concerning the results of a reading panel evaluation. The information and results of the peer review panel deliberation meeting is confidential until public notifications are electronically mailed to each applicant.

Please list below the names of any organizations that have been assigned to you and would create a conflict of interest for you as a reviewer. Please also list your status with the organization. If you are an officer, please include the title of your office and the date when your incumbency will expire.

The parties agree that this agreement the printed name appearing on this agreement are the same as handwritten signatures for the purpose of validity. Please select the Check Box if you accept these terms.

If Conflict of Interest does not exist between the Peer Reviewer and Organizations they are assigned to review, sign below:

Peer Reviewer's Name/Signature will indicate No Conflict of Interest exist

If Conflict of Interest does exist, complete the information below:

<u>Name of Organization Title</u>	<u>Status/Expiration</u>
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I hereby attest to the Conflict of Interest (if any) stated above and agree to comply and uphold them.

Peer Reviewer's Name/Signature **(Date)**

If you are employed by an agency that is eligible to apply for these funds, please have the executive Director, chief executive officer, board president/chairman or equivalent official, complete the section below:

I have knowledge that (name of employee or officer) _____ will be serving on the Peer Review Panel for the: **New Jersey Dept. of State Complete Count Commission** grant program, although my agency is eligible to compete for funds, I certify that the above mentioned has no direct interest in this grant and does not involve a conflict of interest by participating in the Reader Evaluation Panel.

Peer Reviewer's Name/Signature **Title** **(Date)**

(Print Name) **(Date)**