



Annual Conflict of Interest Statement for

Tennessee Soil and Water Conservation District Board Supervisors

State Fiscal Year _____

_____ County Soil and Water Conservation District

Supervisor Name: _____ (please print)

I affirm the following:

I have received a copy of the SWCD Conflict of Interest Policy _____ Initial

I have read and understand the policy. _____ Initial

I agree to comply with the policy. _____ Initial

Disclosures:

Do you have a financial interest (current or potential), as defined in the Conflict of Interest Policy of the:

_____ Soil and Water Conservation District? Yes No

If yes, please describe:

If yes, has the financial interest been disclosed, as provided for and described in the Conflict of Interest Policy? Yes No

Signature of Supervisor

Date

Submit all five of these signed Statements and the signed COI Policy to the TN Department of Agriculture prior to July 1st each year.