



Low-Income Energy Assistance Program

Conflict of Interest Signature Page

Conflict of Interest Statement

I will avoid conflicts of interest by absenting myself from processing and determining eligibility benefits of applications involving myself or my own immediate family; people related to me by blood, marriage or adoption; partners in committed relationships; neighbors; friends; or close personal acquaintances. This includes employees and anyone with whom I share a child by adoption, birth or other processes.

I hereby certify that I have read and understand the policy on conflict of interest. I further attest that I have read the policies and procedures and agree to abide by them during my employment with Goodwill of Colorado and the counties we serve for the Low-Income Energy Assistance Program.

Employee Signature Date

Witness Signature by Supervisor Date