



Senior Access Program (SAP) & Homeowner Assistance Fund (HAF)

CONTRACTOR CONFLICT OF INTEREST DISCLOSURE FORM

1. Contractor Information

Contractor Name:

Company Name:

Primary Contact:

Phone:

Email:

Alaska Contractor License #:

2. Disclosure of Potential Conflicts of Interest

I, my business, or any immediate family member are NOT affiliated with AHFC or JEDC.

I, my business, or any immediate family member ARE affiliated with AHFC or JEDC (explain below).

I have NOT received financial benefit, employment, or gifts from AHFC or JEDC staff.

I HAVE received financial benefit, employment, or gifts from AHFC or JEDC staff (explain below).

I have NO personal, financial, or professional relationship that may influence this project.

I DO have a personal, financial, or professional relationship that may influence this project (explain below).

Explanation (if any items above are checked as conflicts):

3. Certification of Independence

I certify that the information provided above is true and accurate. I understand that undisclosed conflicts may result in disqualification from SAP/HAF projects and removal from JEDC contractor eligibility lists.

Contractor Signature: Date:

Printed Name:

Company Representative Title: