Form D
RFP 2026_2

CONFLICT OF INTEREST STATEMENT

In the space provided below, indicate and describe any business, employment, or family relationships your organization (including proposed subrecipients) or any staff members of your organization (including proposed subrecipients) may have with any of the members of the Michigan Works! Southwest Workforce Development Board or administrative staff of the Michigan Works! Southwest Agency.

Attach additional pages if necessary. If no relationship exists, place one check mark (✓) on the line and in the column titled "NONE".

Name of WDB Member or MWA Staff	Description of Relationship	None

No relationship(s) of the nature described above exists ☐

or

Organization Name: _____

Address: _____

Signatory Name: _____

_____ _____

Signature Date