**Extended Learning and Integrated Student Supports (ELISS):**

**Conflict of Interest Agreement**

ELISS Organization Name: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ELISS Organization Unit Number: \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

According to the general procurement standards, the non-Federal entity must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts. No employee, officer, or agent may participate in the selection, award, or administration of a contract supported by a State award if he or she has a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. The officers, employees, and agents of the non-Federal entity may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. The standards of conduct must provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the non-Federal entity.

Within the ELISS Competitive Grant Program, conflicts of interest could include:

• Employing immediate family members as contract labor for services.

• Having a program employee serve as a vendor.

• Purchasing supplies from a company in which a program employee has a financial interest.

**NOTE: North Carolina General Statute (G.S. 115C-12.2) defines "immediate family member" as a spouse, parent, child, brother, sister, grandparent, or grandchild. The term also includes the step, half, and in-law relationships.**

I agree and accept the above Conflict of Interest Agreement of the ELISS grant:

ELISS Program Director’s Printed Name: \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Program Director’s Signature (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fiscal Agent Chief Administrator or Designee Printed Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Fiscal Agent’s or Designee’s Signature (Required):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_     \_\_\_\_\_\_

\*If the Program Director and Fiscal Agent Chief Administrator or Designee for the organization are the same person, a signature must be completed in both places to represent agreement in both roles.