**County Council Member Conflict of Interest**

**(Submit with County Council Prioritization Sheet)**

This is to certify that as a current member of the \_ County Agricultural

(county)

Development Council, I may submit an application for the County Agricultural Investment

Program (CAIP) or the Next Generation Farmer Program (NextGen) in \_\_\_\_\_\_ County. (county)

I understand that my application must be submitted during the established time period, scored along with all other potential applicants for the CAIP / NextGen, and that if approved, I must meet all eligibility requirements & follow all established guidelines in order to receive cost‐share reimbursement for a completed project.

(Signature) (Date) (Signature) (Date) (Signature) (Date) (Signature) (Date) (Signature) (Date) (Signature) (Date)

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