

CONFLICT OF INTEREST STATEMENT
2012 Program Year

In my capacity as a(n) employee, contractor, instructor or volunteer with the Arizona Small Business Development Center Network (AZSBDC), I agree that I will adhere to the following standards of ethical conduct during AND for a period of not less than six (6) months after my association with the AZSBDC:

- 1) I will treat all client information with the strictest degree of confidentiality during and after my association with the AZSBDC and will only use this information as it relates to my work with the AZSBDC. I will not disclose any confidential client information obtained by me to third parties other than the Small Business Administration (SBA), without the express written consent of the client.
- 2) I will not use my position with the AZSBDC for actual or perceived personal gain from a current OR past AZSBDC client for myself, or any person with whom I have business, familial, or other relationships.
- 3) I will not solicit nor accept, nor appear to solicit nor accept, any gift, loan, reward, equity in a business, compensation or other monetary remuneration, promise of future employment, favor, or service from any current or past AZSBDC client, or third party for:
 - a. The recommendation of third party goods or services to such AZSBDC client or the AZSBDC.
 - b. Services which the AZSBDC provides during the normal course of business.
- 4) I will not invest in any AZSBDC client business.
- 5) I understand this mandatory Conflict of Interest Policy will be discussed by the State Director or his/her representative at semi-annual All Hands meetings.
- 6) I agree to sign and submit to the AZSBDC State Office a new Conflict of Interest Policy statement on an annual basis no later than January 15th, or at any time if requested by the AZSBDC State Office.

By signing below, I acknowledge that I have read and fully understand the AZSBDC Conflict of Interest Policy, and have been given the opportunity to discuss it with an AZSBDC Center Director, State Director or Deputy State Director. I further acknowledge that any violation of this Conflict of Interest Policy may lead to immediate dismissal and/or other legal remedy.

Signature

Date

Printed Name of Signee

Center Director Signature (or College Administrator Signature)

Date

Printed Name of Center Director (or College Administrator)

Center Location