

County Council Member Conflict of Interest

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) 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 2013 CAIP, 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)