

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)

(Signature)

(Date)

(Signature)

(Date)

(Signature)

(Date)