

**ALACHUA COUNTY
HOUSING REHABILITATION PROGRAM
CONFLICT OF INTEREST STATEMENT**

CHECK THE FOLLOWING THAT APPLY:

Check One:

I certify that I am **not** related to any member of the Alachua County CDBG/SHIP applicants (see ranking list).

OR

I am related to the following member(s) of the CDBG/SHIP applicants:

Name _____ Relationship _____

Name _____ Relationship _____



Board of County Commission

Susan Baird

Print Name

8/14/12
Date

Member Signature

352-316-3080

Phone

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OR

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Name _____ Relationship _____

Name _____ Relationship _____


Board of County Commission
Member Signature

Paula M. DeLaney
Print Name

8-14-12
Date

352-264-6900
Phone

352-258-0093

**ALACHUA COUNTY
HOUSING REHABILITATION PROGRAM
CONFLICT OF INTEREST STATEMENT**

CHECK THE FOLLOWING THAT APPLY:

Check One:

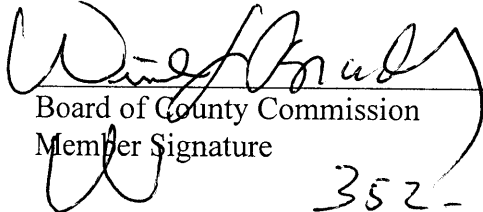
I certify that I am **not** related to any member of the Alachua County CDBG/SHIP applicants (see ranking list).

OR

I am related to the following member(s) of the CDBG/SHIP applicants:

Name _____ Relationship _____

Name _____ Relationship _____



Board of County Commission
Member Signature

Winston J. Bradley
Print Name

8-14-12
Date

Phone

352-548-3838

**ALACHUA COUNTY
HOUSING REHABILITATION PROGRAM
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X

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OR

I am related to the following member(s) of the CDBG/SHIP applicants:

Name _____ Relationship _____

Name _____ Relationship _____

Mike Byerly
Board of County Commission
Member Signature

Mike Byerly
Print Name

8-14-12
Date

352-466-7030

Phone _____

**ALACHUA COUNTY
HOUSING REHABILITATION PROGRAM
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Check One:

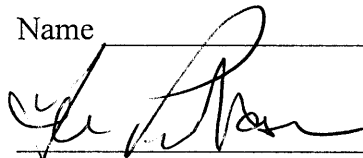
I certify that I am **not** related to any member of the Alachua County CDBG/SHIP applicants (see ranking list).

OR

I am related to the following member(s) of the CDBG/SHIP applicants:

Name _____ Relationship _____

Name _____ Relationship _____



Board of County Commission

Lee Pinkoson

Print Name

8/14/12

Date

Member Signature

352 375-7960

Phone