

ATTACHMENT H CONFLICT OF INTEREST ACKNOWLEDGEMENT

State of _North Carolina_____

County __Guilford_____

I, _____, Notary Public for said County and State, certify that
__Victor Isler_____ personally appeared before me this day and acknowledged.

that he/she is Assistant County Manager of _GUILFORD COUNTY_____
[name of Organization]

and by that authority duly given and as the act of the Organization, affirmed that the foregoing Conflict of Interest Policy
was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the _____ day of
_____, _____.

Sworn to and subscribed before me this _____ day of _____, _____.

(Official Seal)

Notary Public

My Commission expires _____, 20 ____

Instruction for Organization:

Sign and attach the following pages after adopted by the Board of Directors/Trustees or other governing body OR replace the following with the current adopted conflict of interest policy.

Grantee:

Victor Isler, Assistant County Manager_____

Name and Title of Organization Official

Signature of Organization Official

Date