

**Peer Review of funding applications for
Extended School Day School Violence Prevention (ESDSVP)
Program 2016 – 2021
Statement Regarding Conflict of Interest**

Please complete, sign and return this form to:
NYS Education Department
ESDSVP
318-M EB
89 Washington Ave.
Albany, NY 12234

I, _____
(please print name)

- I have reviewed the list of applications that I am to review for any potential conflict of interest.
- To the best of my knowledge none of the proposals I will be reviewing present any conflict of interest.
- I am not affiliated with any organization whose application I will be reviewing.
- Neither my spouse nor any immediate family member is affiliated with any organization whose application I will be reviewing.
- I have no personal relationship with staff of the programs whose applications I will be reviewing.
- I am not, to my knowledge, named as a consultant in any application I will be reviewing.
- If I determine at any point during the review process that I have a conflict or think I may have a conflict, with any proposal I am reading I will contact State Education Department ESDSVP Program Office immediately.

(Signature)

(Date)