LIMESTONE COUNTY COMMISSION
CERTIFICATION REGARDING CONFLICTS OF INTEREST
Form FIN-2026-01C | Required — Submit with Application Package

PART I — APPLICANT IDENTIFICATION

Legal Name of Organization:	
Federal EIN (FEIN):	
Principal Address:	
Name of Authorized Officer Executing This Certification:	
Title:	
Date of Certification:	

PART II — CERTIFICATION

The undersigned authorized officer of the applicant organization (the "Applicant") hereby certifies, on behalf of the Applicant and to the best of his or her knowledge and belief after reasonable inquiry, as follows: 1. ABSENCE OF CONFLICTS: No officer, director, board member, employee, agent, or representative of the Applicant has a financial interest in, or a personal or business relationship with, any member of the Limestone County Commission or any Limestone County employee involved in the review or approval of this appropriation request that would constitute a conflict of interest under the Alabama Ethics Law, Ala. Code § 36-25-1, et seq., or any other applicable law or regulation — EXCEPT as disclosed in Part III of this Certification. 2. NO IMPROPER PAYMENTS: The Applicant has not made, offered, promised, or authorized any payment, gift, loan, gratuity, or other benefit to any Limestone County official or employee in connection with this appropriation request, and will not do so. 3. NO DISQUALIFYING INTERESTS: The Applicant is not aware of any fact or circumstance that would require any Limestone County Commissioner or employee to recuse himself or herself from participation in consideration of this request under applicable ethics laws — EXCEPT as disclosed in Part III of this Certification. 4. DUTY TO AMEND: If, at any time prior to Commission action on this request or disbursement of approved funds, the Applicant becomes aware of any information that would make this Certification inaccurate or incomplete, the Applicant agrees to immediately notify the Limestone County Administrator in writing. 5. ACKNOWLEDGMENT: The Applicant understands that a knowing and willful false certification may constitute a violation of the Alabama Ethics Law, and/or other applicable Alabama law, and may result in disqualification, recovery of disbursed funds, and referral to appropriate authorities.

PART III — DISCLOSURE OF KNOWN OR POTENTIAL CONFLICTS

Are there any relationships or potential conflicts of interest to disclose?

☐ **NO — No conflicts or relationships to disclose**	☐ **YES — Disclosures entered in the table below**

If YES, complete the table below for each known or potential conflict:

Name of Individual	Title / Role in Organization	Nature of Potential Conflict	County Official / Employee Name

Additional Disclosure Details (describe the nature of each relationship or interest in full):

RECUSAL NOTE: Disclosure of a potential conflict does not automatically disqualify an applicant. The County Attorney will review disclosures to determine whether recusal of any Commissioner or employee may be required.

PART IV — SIGNATURE

By signing below, I certify that I am an authorized officer of the Applicant, that I have read and understand this Certification, and that all information provided is true, accurate, and complete to the best of my knowledge.

Signature of Authorized Officer	Date
Printed Name	Title

FOR COUNTY USE — ATTORNEY REVIEW

County Attorney Review:

□ No conflicts requiring recusal identified	□ Recusal recommended — see comments	Commissioner(s)/employee(s) to recuse: _____

County Attorney Signature	Date of Review

COMMENTS BY COUNTY ATTORNEY: