

Local Workforce Development Board Member Conflict of Interest Attestation Form Instructions

Local Workforce Development Board (WDB) members must ensure that their individual interests do not conflict or interfere with their duties while serving in their appointed positions. An actual or apparent conflict of interest can arise at any time, and must be addressed immediately. The Local WDBs and their members must adhere to both federal and state conflict of interest requirements.

A conflict of interest is a circumstance in which the Local WDB member's individual interest impairs (or gives the appearance that it could impair) the ability to make an unbiased decision or provide an unbiased public service.

All Local WDB members must complete and sign the Conflict of Interest Attestation Form upon appointment to the Local WDB. The Form shall be submitted to Iowa Workforce Development upon completion, and again as required as part of the certification process no later than June 1st of the certification year.

After the Local WDB is certified or recertified, each Local WDB member shall sign a Local WDB Conflict of Interest Attestation Form annually. The annual requirement shall begin the year following certification or recertification, and Forms shall be submitted to Iowa Workforce Development no later than January 31st.

Legal References

- [WIOA sec. 107\(h\)](#)
- [Iowa Code sec. 15A.2](#)



IOWA State Workforce
Development Board

Local Workforce Development Board Member Conflict of Interest Attestation Form

Local Workforce Development Area: _____

I, the undersigned, have read Section 107(h) of the Workforce Innovation and Opportunity Act, and do hereby attest that a conflict of interest does not exist between my individual interests and my ability to make unbiased decisions while serving as a member of the Local Workforce Development Board.

If a conflict of interest arises between my individual interests and duties as a member of the Local Workforce Development Board, I will immediately acknowledge, disclose and act according to Local Workforce Development Board By-Laws for such conflicts.

Local Workforce Development Board Member's Printed Name

Local Workforce Development Board Member's Signature

Date

Submit completed copy to:
WIOAgovernance@iwd.iowa.gov

Legal References

- [WIOA sec. 107\(h\)](#)
- [Iowa Code sec. 15A.2](#)