

To be completed by district directors/employees only

Application No.

Plan No. - -

**District Director/Employee Addendum to the APPLICATION FOR COST-SHARE ASSISTANCE
TEXAS STATE SOIL AND WATER CONSERVATION BOARD**

Soil and Water Conservation District # _____

Program Year _____

District Director/Employee _____



The potential conflict of interest marked below has been noted by SWCD board:

District director/employee is program participant

District director/employee is related to contractor

District director/employee is related to participant

Signature of District Director/Employee _____

Date _____

Recorded by the SWCD Board in the minutes of its meeting on _____
Date

Minutes reflect that the potential conflict of interest has been reviewed by SWCD board.

District Director Signature
(Other than individual above)