

AGRISAFE NETWORK CONFLICT OF INTEREST DISCLOSURE FORM

Date: _____
Name: Carla Sue Withite

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest between AgriSafe Network and your employment, personal interests, financial or otherwise:

I have no conflict of interest to report

I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own):

1. National AgrAbility Project - advisory board
2. American Occupational Therapy Association - Assoc. of State Presidents steering committee
3. _____

The information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by, the Policy of Conflict of Interest of AgriSafe Network.

Signature: 