

International City/County Management Association (ICMA)

DOE Cooperative Agreement No. DE-EE0011076

WindWise: Reducing Distributed Wind Soft Costs Through Designation and Technical Assistance Award

Significant Financial Interest Disclosure

Disclosure Requirement

You have been identified as an Investigator subject to the International City/County Management Association (ICMA) Financial Conflict of Interest (COI) policy management and plan. You must complete this disclosure form to include yourself, your spouse, and/or your dependent child(ren) if they have financial interests that are directly related to the Department of Energy (DOE)-funded WindWise program activities you are conducting with ICMA.

This form should be completed by each Investigator on annual basis and/or in the event of a change within the period of performance during the program.

“Investigator” is defined as follows:

Investigator - the Principal Investigator (PI) and any other person, regardless of title or position, who is responsible for the purpose, design, conduct, or reporting of a Project funded by DOE or proposed for funding by DOE. DOE program offices have the discretion to expand the definition to also include any person who participates in the purpose, design, conduct, or reporting of a Project funded by DOE or proposed for funding by DOE. Such expansion will be specified in the applicable funding opportunity announcement and/or terms and conditions of the financial assistance award.

Reference: [Department of Energy Interim Conflict of Interest Policy](#)

Subrecipient Organization Name (if applicable):

Address:

Subaward/Contract No. (if applicable):

UEI Number (if applicable):

Investigator’s Name:

Project Position/Job Title:

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A. Significant Conflicts of Interest (SFI)

Please indicate if you, your spouse, and/or your dependent child(ren) (Family) have the financial interests listed in items 1 through 5 below that reasonably appear to be related to your Investigator Responsibilities, unless they are any of the following:

- Compensation from your current employer if it is a recipient or subrecipient under the DOE award.
- Ownership interest in your current employer if it is a recipient or subrecipient under the DOE award and it is a commercial or for-profit organization.
- Income from investment vehicles such as mutual funds and retirement accounts if you do not directly control the vehicles' investment decisions.
- Income from seminars, lectures, or teaching engagements sponsored by a Federal, state, or local government agency, or a domestic Institution of Higher Education.
- Income from advisory committees or review panels for a Federal, state, or local government agency, or a domestic Institution of Higher Education.

	Yes	No
1. Receipt of income or other payment for services over the past 12 months from and/or equity interest(s) in a publicly traded entity totaling more than \$5,000.		
2. Receipt of income or other payment for services over the past 12 months from a non-publicly traded entity totaling more than \$5,000.		
3. Any equity interest(s) in a non-publicly traded entity, regardless of value.		
4. Receipt of income related to intellectual property rights and interests (e.g., from patents, copyrights assigned to any entity other than the Investigator's employer).		
5. Any reimbursed or sponsored travel paid to or on behalf of Investigator/Family in the 12 months preceding the disclosure.		

If you answered "yes" to one or more questions in Section A above, please proceed to Sections B and C.

B. Assets

I disclose the following assets:

Name of Asset(s)	Asset belongs to	Asset type (stock, dividends, real estate, pension, or other ownership interest as determined through reference to public prices, etc)	Approximate value

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Comments:

C. Reimbursed or Sponsored Travel

I disclose the following reimbursed or sponsored travel:

Travel Sponsor	Destination	Duration	Purpose	Cost

D. Investigator Certification and Signature

I understand that this Disclosure is required to obtain funding from the U.S. Government. I, [Full Name and Title], certify to the best of my knowledge and belief that the information contained in this Disclosure Statement is true, complete, and accurate. I understand that any false, fictitious, or fraudulent information, misrepresentations, half-truths, or omissions of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. (18 U.S.C. §§ 1001 and 287, and 31 U.S.C. 3729-3730 and 3801-3812). I further understand and agree that (1) the statements and representations made herein are material to U.S. Government’s funding decision, and (2) I have a responsibility to update the disclosures during the period of performance of the award should circumstances change which impact the responses provided above.

Investigator Signature:

Printed Name:

Project Position/Job Title:

Date:

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Below section to be completed by ICMA Designated Official

I have reviewed this disclosure and certify that a Financial Conflict of Interest:

- Does not exist
- Exists, and a FCOI Management Plan will be developed and provided to the DOE as required

ICMA Designated Official Signature:

Printed Name:

Project Position/Job Title:

Date: