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	OR
	☐ I am unable to participate in this review process.
	If at any time during the review process I discover a conflict of interest, I will disclose that conflict immediately to appropriate agency personnel.
	Reviewer's printed name: Fla Anderson
	Reviewer's signature:
	Date: $\frac{2/23/09}{}$
This	section to be completed by RFP contact person or grant program supervisor:
	ify that the issue of Conflicts of Interest has been discussed with this reviewer and the following actions been taken:
₪′	Reviewer has no conflict(s) and will fully participate in the review process.
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	Reviewer has disclosed a conflict(s) and will not be participating in the review process in any manner.
Staff	signature; <u>W.W.H.S. & </u>

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	certify that I have read and understand the description of conflict of interest above and check one of the three boxes below):
•	
	□ I do not have any conflicts of interest relating to this program's grant applicants or
	proposed projects and I will participate in the review process.

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Minnesota Vally National Wildlife Trust
OR
☐ I am unable to participate in this review process.
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Reviewer's printed name: Lames Cox
Reviewer's signature:
Date: $2 - 23 - 09$
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Staff signature: Www.hut-

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	below. (The grant reviewer may state any and all applicants with which they have a conflict of interest and describe the nature of the conflict in the space below, but it is not required since this form is considered public information.)
	OR
Τf	☐ I am unable to participate in this review process. at any time during the review process I discover a conflict of interest, I will disclose that
cc	onflict immediately to appropriate agency personnel.
	eviewer's printed name: WAYNE ENGEN eviewer's signature:
D	ate: <u>2-23-09</u>
This sec	tion to be completed by RFP contact person or grant program supervisor:
I certify thave bee	that the issue of Conflicts of Interest has been discussed with this reviewer and the following actions n taken:
□ Re	viewer has no conflict(s) and will fully participate in the review process.
wil rev	viewer has disclosed a conflict(s) but will continue to participate in the review process. The reviewer I not be given any applications to review from those applicants with whom he/she has a conflict. The liewer has been instructed to avoid discussing the applicant and / or applications from agencies with ich the reviewer has a conflict of interest with other reviewers.
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Staff sign	nature: WUNBL

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I I co	ertify that I have read and	understand the d	escription	of conf	lict of in	iterest a	bove and
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below. (The grant reviewer may state any and all applicants with which they have a conflict of interest and describe the nature of the conflict in the space below, but it is not required since this form is considered public information.)
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OR
☐ I am unable to participate in this review process.
If at any time during the review process I discover a conflict of interest, I will disclose that conflict immediately to appropriate agency personnel.
Reviewer's printed name: KsfaTA Shrocker
Reviewer's signature: Result of Alus
Date: 2/23/09
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Staff signature: 3. WWW. 13. Sec.
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Ø	I certify that I have read and understand	d the description of	of conflict of	interest above and
/. 	(check one of the three boxes below):			

I do not have any conflicts of interest relating to this program's grant applicants or proposed projects and I will participate in the review process.

OR.

below. (The grant reviewer may state any and all applicants with which they have a conflict of interest and describe the nature of the conflict in the space below, but it is not required since this form is considered public information.)
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OR
☐ I am unable to participate in this review process.
If at any time during the review process I discover a conflict of interest, I will disclose that conflict immediately to appropriate agency personnel.
Reviewer's printed name: Rick Hansen
Reviewer's signature:
Date: $\frac{2/23/09}{2}$
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Staff signature: Way Bay Staff
1.6.03.200

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below. (The grant reviewer may state any and all applicants with which they have a conflict of interest and describe the nature of the conflict in the space below, but it is
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Audubon-I am a Goard member.
OR
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If at any time during the review process I discover a conflict of interest, I will disclose that conflict immediately to appropriate agency personnel.
Reviewer's printed name: David Hontwell
Reviewer's signature:
Date: $\frac{\sqrt{a/o}}{\sqrt{a}}$
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☐ I am unable to participate in this review process.	
If at any time during the review process I discover a conflict of interest, I will disclose that conflict immediately to appropriate agency personnel.	
Reviewer's printed name: Michael Kilgore	
Reviewer's signature:	2.
Date: $\frac{2/3}{69}$	
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Date: <u>2 + 23-09</u>	:

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OR
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Reviewer's printed name: Darby MUSon
Reviewer's signature: Lonly Mile
Date: $\frac{2/23/09}{}$
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Staff signature: Www/Sur-
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Reviewer's printed name:
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Staff signature: Www.phu. 2-27-09