

**MUNICIPAL ASSISTANCE BUREAU  
CONFLICT OF INTEREST DISCLOSURE FORM  
FOR LOCALLY MANAGED PROJECTS**

Name of Firm: \_\_\_\_\_

Project Name/Number: \_\_\_\_\_

Project Sponsor: \_\_\_\_\_

After reviewing the conflict of interest information in the VTrans Municipal Assistance Bureau Local Projects Guidebook, the 23 CFR §1.33 and 2 CFR §200.318, I have determined that no real or potential conflicts of interest have been identified for myself, any owner, partner or employee, with my firm or any of my sub-consulting firms providing services for the above local federal-aid project, including family members and personal interests of the above persons.

\_\_\_\_\_  
Signature of Consultant Representative in Responsible Charge

\_\_\_\_\_  
Signature of Municipal Representative in Responsible Charge  
(Signature of Municipal Representative only indicates receipt of this form)

cc: AOT Project Supervisor