

UNITED STATES DEPARTMENT OF AGRICULTURE
 GRAIN INSPECTION, PACKERS AND STOCKYARDS ADMINISTRATION
 FEDERAL GRAIN INSPECTION SERVICE
 Quality Assurance cpf Compliance Division

FORM APPROVED OMB NO. 0580-0013

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0580-0013. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

CONFLICT OF INTEREST QUESTIONNAIRE
 (NON-LICENSED OFFICIAL AGENCY PERSONNEL)

1. Name (Print) (Last, First, Middle Initial)

2. Official Agency

3. Position or Relationship to Official Agency

Please indicate your answer to each of the following questions by entering an "X" in the appropriate space. If your answer to any questions is "YES", or if you desire to elaborate on any of your answers, please describe your situation on the reverse of this form or on an additional page, if necessary.

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|---|------------|-----------|
| <p>4. Do you, your spouse, your minor children, or any blood relative immediately residing in your household, serve as an officer, director, committee member, or employee of any business entity owning or operating any grain elevator or warehouse, or engage in the merchandising, storage, commercial transportation, or other commercial handling of grain?</p> | <p>YES</p> | <p>NO</p> |
| <p>5. Do you, your spouse, your minor children, or any blood relative immediately residing in your household, have stock or other financial interest, directly or indirectly, in any grain elevator or warehouse or any other business entity involved in the merchandising, storage, commercial transportation, or other commercial handling of grain?</p> | <p>YES</p> | <p>NO</p> |
| <p>6. Do you know of any other matters, family relationships or other personal relationships, which might give rise to an apparent or possible conflict of interest involving your present employment and any business entity described above?</p> | <p>YES</p> | <p>NO</p> |

7. Signature

8. Date

PRIVACY ACT STATEMENT

Mandatory response to the above Conflict of Interest Questionnaire is required by 7 U.S.C. 87 Section 11. Failure to provide information may result in the Official Agency not receiving Federal designation/delegation as an Official Agency. Information will be used to evaluate/resolve possible conflicts of interest and also may be referred to the Department of Justice or to other investigative and law enforcement agencies for investigation, prosecution, and/or administrative action resulting from violation of law, rule, regulation, instruction, or order; or to a Congressional office in response to a constituents request for release of his/her record. 18 U.S.C. 1001 provides for a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both, for false or fraudulent statements made to an agency of the United States.

INSTRUCTIONS FOR COMPLETING FORM FGIS-100 –CONFLICT OF INTEREST QUESTIONNAIRE

Please type application or print carefully. Additional sheets may be used to describe your situation, if necessary.

- (1) Provide the name of the individual non-licensed employee of an official agency.
- (2) Provide the name of the official agency that employs the individual.
- (3) Provide the name of the position or organizational title in the official agency.
- (4) Check the block left of "YES" if true; check in the block left of "NO" if not true.
- (5) Check the block left of "YES" if true; check in the block left of "NO" if not true.
- (6) Check the block left of "YES" if true; check in the block left of "NO" if not true.
- (7) Sign full name.
- (8) Provide date signed.

CONTACT INFORMATION:

Submit with an Application for Designation (Form FGIS - 942) or upon any change in non-licensed personnel. Send using any of the following methods:

- Hand Delivery or Courier: Deliver to Chief, Quality Assurance and Designation Branch, QACD, 10383 N. Ambassador Drive, Kansas City, MO 64153-1377
- Fax: Send by facsimile transmission to (816) 872-1257
- E-mail: Send via electronic mail to Eric.J.Jabs@usda.gov
- Mail: Send to Chief, Quality Assurance and Designation Branch, QACD, 10383 N. Ambassador Drive, Kansas City, MO 64153-1377

For further information contact:

Chief, Quality Assurance and Designation Branch, QACD
10383 N. Ambassador Drive
Kansas City, MO 64153-1377

.....**Telephone:** (816) 659-8408

.....**Fax:** (816) 872-1257

.....**Email:** Eric.J.Jabs@usda.gov

.....**GIPSA website:** <http://www.gipsa.usda.gov>