

Opioid Abatement Fund Council Conflict of Interest Review Request

Available Grant Opportunities

Grant Opportunity of Interest: _____

Grant Applicant

Organization Name _____

Organization Address _____

City _____ State _____ Zip _____

Contact Name _____

Contact Phone Number _____

Contact Email Address _____

Organization Taxpayer Identification Number (if applicable) _____

Organization Website (if applicable) _____

Organization Type _____

If other, then please specify.

Entity for Which the Conflict of Interest Review is Requested and Narrative

Entity #1

Organization Name _____

Organization Address _____

City _____ State _____ Zip _____

Organization Taxpayer Identification Number (if applicable) _____

Organization Website (if applicable) _____

Contact Name _____

Contact Phone Number _____

Contact Email Address _____

Organization Type _____

If other, then please specify. _____

Description of work to be performed by entity for which this conflict review is requested (grant recipient, subcontractor or subgrantee) (1000 words or less**)

[Empty box for description of work]

Relevant facts for and explanation of potential conflict of interest (1000 words or less**)

[Empty box for relevant facts and explanation]

Entity #2

Organization Name

Contact Name

Organization Address

Contact Phone Number

City State Zip

Contact Email Address

Organization Taxpayer Identification Number (if applicable)

Organization Type

Organization Website (if applicable)

If other, then please specify.

Description of work to be performed by entity for which this conflict review is requested (grant recipient, subcontractor or subgrantee) (1000 words or less**)

[Empty text box for description of work]

Relevant facts for and explanation of potential conflict of interest (1000 words or less**)

[Empty text box for relevant facts and explanation]

Entity #3

Organization Name

Contact Name

Organization Address

Contact Phone Number

City State Zip

Contact Email Address

Organization Taxpayer Identification Number (if applicable)

Organization Type

Organization Website (if applicable)

If other, then please specify.

Description of work to be performed by entity for which this conflict review is requested (grant recipient, subcontractor or subgrantee) (1000 words or less**)

[Empty text box for description of work]

Relevant facts for and explanation of potential conflict of interest (1000 words or less**)

[Empty text box for relevant facts and explanation]

**By checking this box, I certify that the information provided in this form is true and accurate to the best of my knowledge.

Save and email this form to: oafc.nofa@cpa.texas.gov