

ATTACHMENT P
CY24 – SBDC SERVICE CENTER – PROGRAM PAID TRAINER
CODE OF CONDUCT/CONFIDENTIALITY/CONFLICT OF INTEREST FORM

First Name	MI	Last Name
Work phone		Home phone
Cell phone		Email
Address		
City	State	Zip

I. Code of Conduct/Confidentiality/Conflict of Interest:

I _____ (name) understand and agree that, as a condition participating as an SBDC Program Paid Trainer with the SBDC Service Center at _____ (institution) being funded by the SBDC Program, will adhere to the following statements:

A. **Code of Conduct**

1. **WILL NOT** solicit or accept, or appear to solicit or accept, any gift, loan, reward, equity in business, compensation or other monetary remuneration, promise of future employment, favor, or preferential service from any SBDC client/training attendee;
2. **WILL NOT** knowingly make any false oral or written statement concerning a Small Business Development Center client/training attendee;
3. **WILL NOT** knowingly make any false oral or written statement concerning the SBDC Program, my SBDC duties, including but not limited to, counseling records or reported measures;
4. **WILL NOT** use SBDC Program equipment, supplies, or other resources for any non SBDC Program activity;
5. **WILL** comply with 13 CFR parts 112, 113, 117, and 136 requiring that no person, on the grounds of race, color, handicap, marital status, national origin, race, religion, or gender, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity conducted by the NMSBDC network.

B. **Confidentiality**

1. **WILL NOT** release the client's/training attendee's name, address, telephone number or email address to any person or entity outside the SBDC Program;
2. **WILL NOT** release information about any client's/training attendee's relationship with the SBDC Program, or any information about the business or personal matters of any client/training attendee to any person or entity outside the SBDC Program;
3. **WILL NOT** store any client/training attendee information in any location;
4. **I WILL** treat all client/training attendee information available to me and not readily available in the public domain as confidential during and after my involvement with the SBDC, and will only use this information as it relates to my working with the SBDC.

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C. Conflict of Interest

1. **WILL NOT** recommend to a client/training attendee the purchase of goods and/or services from a firm in which I have a material, financial interest or represent;
2. **WILL NOT** accept fees, commissions, gifts or other favors from third parties who have supplied goods and/or services on my recommendation to SBDC Program clients/training attendees;
3. **WILL NOT** solicit the private engagement of my services to a client/training attendee at any time during the term of the client's/training attendee's relationship with the SBDC Program or my involvement with the SBDC network;
4. **WILL NOT** enter into any agreement, contract, or partnership directly or indirectly with any SBDC past or current client/training attendee;
5. **WILL NOT** have any personal gain, remuneration or pecuniary interest in a past or current SBDC client/training attendee;
6. **WILL NOT** utilize SBDC Program material, equipment, property, publications, or other documents which were developed or prepared with SBDC Program funds for personal use or other unauthorized use not related to SBDC Program services;
7. **WILL NOT** refer clients/training attendees to outside business endeavors in which I or my immediate family members have financial interests;
8. **WILL** assure that any proposed or current outside activity relating to individual personal interests such as financials, family, and friendships with the potential of creating a conflict of interest will be disclosed. This includes identifying all business ownership(s) by you or your immediate family to allow the Executive State Director to determine if a potential conflict of interest exists or not.

II. Disclosure of potential conflicts of interest: (Annually include all proposed and current business ownership(s) for you or your immediate family)



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III. Acknowledgment:

I have read the Code of Conduct/Confidentiality/Conflict of Interest Form set forth above and agree to comply fully with its terms and conditions at all times during my service with the SBDC Program for calendar year 1/1/24 – 12/31/24. I have disclosed all proposed and current business ownership(s) for me and my immediate family in Section II above. If at any time following the submission of this agreement, I become aware of any actual or potential conflicts of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly submit an updated Attachment P; and it is further understood that if any of the above conditions are violated during my term as an SBDC Program Paid Trainer from 1/01/22 – 12/31/22, it may be grounds for removal of any involvement in the SBDC Program.

Date

Signature of SBDC Program Paid Trainer

Date

Name & Signature of SBDC Service Center Director

Date

Name & Signature of Assigned Associate State Director

This completed form is required to be forwarded to the SBDC Service Center Director no later than January 15 or within 14 days of hire date and/or if changes occur.