

ATTACHMENT N  
CY25 – SBDC SERVICE CENTER - PROGRAM FUNDED STAFF  
CODE OF CONDUCT/CONFIDENTIALITY/CONFLICT OF INTEREST FORM

<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
<b>Work phone</b>		<b>Home phone</b>
<b>Cell phone</b>		<b>Email</b>
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>

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

I \_\_\_\_\_ (name) understand and agree that, as a condition of my position 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;
2. **WILL NOT** knowingly make any false oral or written statement concerning a Small Business Development Center client;
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, research tools, or other resources for any non SBDC Program activity;
5. **WILL NOT** provide SBDC Program services to any restricted client or business as outlined in the CY 2024 cooperative agreement between SFCC and my institution;
6. **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 name, address, telephone number or email address to any person or entity, including my institution, outside the SBDC Program, other than the Small Business Administration (SBA), without written permission of the client on the applicable Release to Disclose Client Information attachment(s);
2. **WILL NOT** release information about any client’s relationship with the SBDC Program, or any information about the business or personal matters of any client to any person or entity, including my institution, outside the SBDC Program, other than the Small Business Administration (SBA), without written permission of the client on the applicable Release to Disclose Client Information attachment(s);
3. **WILL NOT** store any client information in any location outside of the Neoserra system;
4. **WILL NOT** share my Neoserra password or research tools’ passwords with anyone;
5. **WILL NOT** use my Neoserra password as a password for any other work or personal account including my host institution network, nor use any previous personal or work account password as my Neoserra password;

ATTACHMENT N  
CY25 – SBDC SERVICE CENTER - PROGRAM FUNDED STAFF  
CODE OF CONDUCT/CONFIDENTIALITY/CONFLICT OF INTEREST FORM

- 6. **WILL** treat all client 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;
- 7. **WILL** promptly report cybersecurity breaches or Neoserra access phishing attempts to NMSBDC Lead Center Database Analyst.

C. **Conflict of Interest**

- 1. **WILL NOT** recommend to a client the purchase of goods and/or services from a firm in which I or my immediate family 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;
- 3. **WILL NOT** solicit the private engagement of my services to a client at any time during the term of the client'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;
- 5. **WILL NOT** have any personal gain, remuneration or pecuniary interest in a past or current SBDC client;
- 6. **WILL NOT** utilize SBDC Program material, equipment or property or 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 to outside business endeavors in which I or my immediate family members have financial interests;
- 8. **WILL NOT** accept compensation for my services without following the policies of my institution and the approval of the SBDC Executive State Director;
- 9. **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 and/or your immediate family)

---

---

---

---

---

---

---



ATTACHMENT N  
CY25 – SBDC SERVICE CENTER - PROGRAM FUNDED STAFF  
CODE OF CONDUCT/CONFIDENTIALITY/CONFLICT OF INTEREST FORM

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 1/1/25 – 12/31/25. 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 N; and it is further understood that if any of the above conditions are violated during my term as an SBDC Program funded staff member, it may be grounds for removal of any involvement in the SBDC Program.

_____	_____
Date	Signature of SBDC Program funded staff member
_____	_____
Date	Name & Signature of SBDC Service Center Director/or Host Supervisor
_____	_____
Date	Name & Signature of Assigned Associate State Director

This completed form is required to be forwarded to your assigned Associate State Director no later than January 15 or within 14 days of hire date and/or if changes occur.