

Employee Conflict of Interest Statement

I have read and do understand the California WIC Program's Conflict of Interest policy. By signing below, I am agreeing to always follow the policy by:

1. Certifying that neither I nor any individual related to me by blood or marriage has any financial interest in any vendor, farmer, or farmers' market authorized to accept WIC food benefits.
2. Not showing any favoritism, by oral or written communication, posters, handouts, or media presentations, towards any WIC authorized vendor, farmer, or farmers' market.
3. Not endorsing any WIC authorized vendor, farmer, farmers' market, or discouraging WIC participants from using a specific WIC authorized vendor, farmer, or farmers' market.
4. Not engaging in any promotions for a WIC authorized vendor, farmer, or farmers' market.
5. Not receiving any gratuities including cash, food, or coupons from a WIC authorized vendor, farmer, or farmers' market.
6. Not participating in the certification of a family member or friend in the WIC program and not issuing WIC food benefits to a family member or friend.
7. Not accepting donated WIC authorized foods and/or infant formula from WIC authorized vendors, farmers, farmers' markets, or non-WIC entities for distribution to participants.

I do not have any conflict of interest.

I have or may have a conflict of interest, which is:

Employee name (print full name)

Title

Employee signature

Date

Supervisor signature

Date