TRANSPORTATION SURTAX OVERSIGHT BOARD
ANNUAL CERTIFICATION OF NO CONFLICT OF INTEREST

I, _____, am employed by _____, located at _____ in the position of _____. (If retired, please indicate same)

I hereby certify that I have read Section 31½-75 of the Broward County Code of Ordinances regarding the Independent Transportation Surtax Oversight Board ("Oversight Board"); I have provided written disclosure of all public offices that I currently hold or have been appointed to, whether advisory in nature or otherwise to the Mobility Advancement Program Administrator; and I am currently and will remain for the term of my appointment to the Oversight Board in compliance with its restrictions. Specifically:

I will not, at any time during my term,

(i) be an elected official;
(ii) have an employment or contractual relationship with Broward County; or
(iii) be employed by any entity, other than a nonprofit entity, college or university, state agency, federal agency, or independent constitutional office, that has a contractual relationship with Broward County; or
(iv) be employed by any recipient of Transportation Surtax proceeds or any entity that has submitted or intends to submit an application for Transportation Surtax proceeds funding during the current, prior, or next fiscal year (including, but not limited to, any receipt of funding or application submitted by municipalities within Broward County or by the Broward Metropolitan Planning Organization ("Broward MPO")).

I acknowledge that I have an ongoing obligation to inform the Mobility Advancement Program Administrator and Surtax General Counsel of any changes to the information I have provided in this form. Failure to comply with this obligation may result in violations of applicable law for which I may be subject to removal from the Oversight Board.

_____
Signature

_____
Date
Sworn to and subscribed before me this _____ day of _____, 20_____.

_____
NOTARY PUBLIC
My Commission Expires: