



### CONFLICT OF INTEREST DISCLOSURE STATEMENT – ONE-STOP OPERATOR

Per the Workforce Innovation and Opportunity Act (WIOA) and [TEGL 15-16](#), it is required that any real or potential conflicts of interest associated with the One-Stop Operator are disclosed. This form is further intended to align with the [SWC One-Stop Operator Policy #WS-814 R1](#), and it provides space or disclosures to be documented. Once completed, this form will be posted on the SWC website to ensure public disclosure guidelines in TEGL 15-16 are met.

#### I. DISCLOSURE.

- A. Name of individual serving as One-Stop Operator: Jen Morris
- B. Name of employer: Career Path Services
- C. Employment capacity (check all which apply):

- Employed by agency involved with delivering WIOA services (service provider)
- Employed by WIOA training provider (instruction of higher education)
- Employed by SWC board member organization
- Employed by the SWC/local workforce board

- D. Per federal law, it is required that the One-Stop Operator disclose any potential conflicts of interest arising from the relationships between one-stop operators and training services providers (those agencies directly delivering the training, such as colleges and other training providers) or other service providers, including but not limited to career service providers. If any boxes above are checked, please explain how the real or potential conflicts of interest are mitigated and how you have worked with the SWC to ensure sufficient firewalls exist.

I am not directly involved with any decisions regarding WIOA funded services in my role as OSO.

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By signing this disclosure, I hereby confirm that:

- 1) I have received a copy of the SWC One-Stop Operator Policy and TEGL 15-16;
- 2) I have read and understand the policy and TEGL;
- 3) I agree to comply with the policy and TEGL;

- 4) My responses to the above questions are complete and accurate to the best of my information and belief; and
- 5) If I become aware of any information that might indicate that this disclosure is inaccurate or that I have not complied with the policy or TEGL, I will notify an officer of the SWC immediately.

DocuSigned by:  
  
**Signature.** \_\_\_\_\_  
6D52AC1DB5004C5...  
**Printed Name.** \_\_\_\_\_  
Jen Morris  
**Date.** \_\_\_\_\_  
10/8/2025