

Lessard Outdoor Heritage Council Conflict of Interest Disclosure Form

This form gives grant application reviewers an opportunity to disclose any conflicts of interest, or potential for conflicts of interest that exist during a grant review process. It is the grant reviewer's obligation to be familiar with the Conflict of Interest Policy for State Grant-Making and to disclose any conflicts of interest. The grant reviewer is not required to explain the reason for the conflict of interest as this form is considered public data under Minn. Statute 13.599-Grants. **A disclosure does not automatically result in the grant application reviewer being removed from the review process.**

Please read the definition of conflict of interest below and mark the appropriate boxes that pertain to you and your status as a reviewer of applications for recommendation for funding from the Outdoor Heritage Fund.

Description of conflicts of interest- A conflict of interest shall be deemed to exist when a review of the situation by the grant reviewer or other agency personnel determines any one of the following conditions to be present:

- (a) A state employee or a grant reviewer uses his/her status or position to obtain special advantage, benefit, or access to the grantee or grant applicant's time, services, facilities, equipment, supplies, badge, uniform, prestige, or influence.
- (b) A state employee or a grant reviewer receives or accepts money or anything else of value from a state grantee or grant applicant or has equity or a financial interest in or partial or whole ownership of an applicant organization.
- (c) A state employee or a grant reviewer is an employee or board member of a grant applicant or grantee applicants or is a family member of anyone involved in the grantee or grant applicant's agency.

☒ I certify that I have read and understand the description of conflict of interest above and (check one of the three boxes below):

☒ I do not have any conflicts of interest relating to this program's grant applicants or proposed projects and I will participate in the review process.

OR

☐ I have reviewed the list of applicants, and I have an actual or potential conflict of interest. I will still participate in the review process and I will abstain from scoring, discussing and making decisions on any issues in relation to the applicants listed

below. (The grant reviewer may state any and all applicants with which they have a conflict of interest and describe the nature of the conflict in the space below, but it is not required since this form is considered public information.)

OR

☐ I am unable to participate in this review process.

If at any time during the review process I discover a conflict of interest, I will disclose that conflict immediately to appropriate agency personnel.

Reviewer's printed name: Darby Nelson

Reviewer's signature: Darby Nelson

Date: 8/16/10

This section to be completed by RFP contact person or grant program supervisor:

I certify that the issue of Conflicts of Interest has been discussed with this reviewer and the following actions have been taken:

- ☒ Reviewer has no conflict(s) and will fully participate in the review process.
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Staff signature: Walter H. Jones

Date: August 16, 2010

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Reviewer's printed name: Bill Ingebrigtsen

Reviewer's signature: 

Date: 8/6/10

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Staff signature: William H. Beach

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Reviewer's printed name: Michael Kilgore

Reviewer's signature: 

Date: August 6, 2010

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Staff signature: William H. Barker

Date: August 16, 2010

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Reviewer's printed name: Lester C Bensch

Reviewer's signature: Lester C Bensch

Date: 3 Aug 2010

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Date: August 16, 2010

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Reviewer's printed name: David Hartwell

Reviewer's signature: [Signature]

Date: 8/16/10

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Reviewer's printed name: WAYNE ENGER

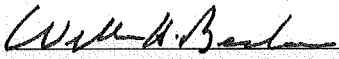
Reviewer's signature: 

Date: 8-16-10

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Reviewer's printed name: Ryan Bronson

Reviewer's signature: Ry Bron

Date: 8-16-10

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Staff signature: William H. Barker

Date: August 16, 2010

Lisa A. Fobbe

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Reviewer's printed name: Lisa A. Fobbe

Reviewer's signature: Lisa A. Fobbe

Date: Aug. 16, 2010

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Staff signature: William Bue

Date: August 16, 2010

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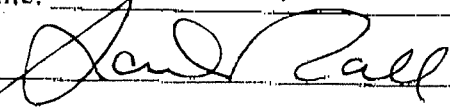
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Reviewer's printed name: SCOTT RALL

Reviewer's signature: 

Date: 08-04-10

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Metro Big Rivers
Benton Lake Restoration

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Reviewer's printed name: James Cox

Reviewer's signature: James Cox

Date: 8-5-10

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Staff signature: William H. Beaker

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6/08

HANSEN

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Description of conflicts of interest- A conflict of interest shall be deemed to exist when a review of the situation by the grant reviewer or other agency personnel determines any one of the following conditions to be present:

- (a) A state employee or a grant reviewer uses his/her status or position to obtain special advantage, benefit, or access to the grantee or grant applicant's time, services, facilities, equipment, supplies, badge, uniform, prestige, or influence.
- (b) A state employee or a grant reviewer receives or accepts money or anything else of value from a state grantee or grant applicant or has equity or a financial interest in or partial or whole ownership of an applicant organization.
- (c) A state employee or a grant reviewer is an employee or board member of a grant applicant or grantee applicants or is a family member of anyone involved in the grantee or grant applicant's agency.

☒ I certify that I have read and understand the description of conflict of interest above and (check one of the three boxes below):

☒ I do not have any conflicts of interest relating to this program's grant applicants or proposed projects and I will participate in the review process.

OR

☐ I have reviewed the list of applicants, and I have an actual or potential conflict of interest. I will still participate in the review process and I will abstain from scoring, discussing and making decisions on any issues in relation to the applicants listed

I have enrolled in CRP and CREP programs.

below. (The grant reviewer may state any and all applicants with which they have a conflict of interest and describe the nature of the conflict in the space below, but it is not required since this form is considered public information.)

OR

☐ I am unable to participate in this review process.

If at any time during the review process I discover a conflict of interest, I will disclose that conflict immediately to appropriate agency personnel.

Reviewer's printed name: Rick Hansen

Reviewer's signature: *Rick Hansen*

Date: 8/6/10

This section to be completed by RFP contact person or grant program supervisor:

I certify that the issue of Conflicts of Interest has been discussed with this reviewer and the following actions have been taken:

- ☒ Reviewer has no conflict(s) and will fully participate in the review process.
- ☐ Reviewer has disclosed a conflict(s) but will continue to participate in the review process. The reviewer will not be given any applications to review from those applicants with whom he/she has a conflict. The reviewer has been instructed to avoid discussing the applicant and / or applications from agencies with which the reviewer has a conflict of interest with other reviewers.
- ☐ Reviewer has disclosed a conflict(s) and will not be participating in the review process in any manner.

Staff signature: *William J. Beecher*

Date: August 16, 2010

Lessard Outdoor Heritage Council Conflict of Interest Disclosure Form

This form gives grant application reviewers an opportunity to disclose any conflicts of interest, or potential for conflicts of interest that exist during a grant review process. It is the grant reviewer's obligation to be familiar with the Conflict of Interest Policy for State Grant-Making and to disclose any conflicts of interest. The grant reviewer is not required to explain the reason for the conflict of interest as this form is considered public data under Minn. Statute 13.599-Grants. **A disclosure does not automatically result in the grant application reviewer being removed from the review process.**

Please read the definition of conflict of interest below and mark the appropriate boxes that pertain to you and your status as a reviewer of applications for recommendation for funding from the Outdoor Heritage Fund.

Description of conflicts of interest- A conflict of interest shall be deemed to exist when a review of the situation by the grant reviewer or other agency personnel determines any one of the following conditions to be present:

(a) A state employee or a grant reviewer uses his/her status or position to obtain special advantage, benefit, or access to the grantee or grant applicant's time, services, facilities, equipment, supplies, badge, uniform, prestige, or influence.

(b) A state employee or a grant reviewer receives or accepts money or anything else of value from a state grantee or grant applicant or has equity or a financial interest in or partial or whole ownership of an applicant organization.

(c) A state employee or a grant reviewer is an employee or board member of a grant applicant or grantee applicants or is a family member of anyone involved in the grantee or grant applicant's agency.

☒ I certify that I have read and understand the description of conflict of interest above and (check one of the three boxes below):

☒ I do not have any conflicts of interest relating to this program's grant applicants or proposed projects and I will participate in the review process.

OR

☐ I have reviewed the list of applicants, and I have an actual or potential conflict of interest. I will still participate in the review process and I will abstain from scoring, discussing and making decisions on any issues in relation to the applicants listed

below. (The grant reviewer may state any and all applicants with which they have a conflict of interest and describe the nature of the conflict in the space below, but it is not required since this form is considered public information.)

OR

☐ I am unable to participate in this review process.

If at any time during the review process I discover a conflict of interest, I will disclose that conflict immediately to appropriate agency personnel.

Reviewer's printed name: Robert Gunther

Reviewer's signature: Robert Gunther

Date: 7-31-2010

This section to be completed by RFP contact person or grant program supervisor:

I certify that the issue of Conflicts of Interest has been discussed with this reviewer and the following actions have been taken:

- ☒ Reviewer has no conflict(s) and will fully participate in the review process.
- ☐ Reviewer has disclosed a conflict(s) but will continue to participate in the review process. The reviewer will not be given any applications to review from those applicants with whom he/she has a conflict. The reviewer has been instructed to avoid discussing the applicant and / or applications from agencies with which the reviewer has a conflict of interest with other reviewers.
- ☐ Reviewer has disclosed a conflict(s) and will not be participating in the review process in any manner.

Staff signature: William L. Becker

Date: August 16, 2010