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 - I certify that I have read and understand the above description of conflict of interest (check one of the four boxes below):
 I DO NOT have any conflicts of interest related to the requests for funding and I will participate in the recommendation process.
 - I have reviewed the list of applicants, and I have an ACTUAL OR POTENTIAL conflict of interest. I will still participate in the recommendation process and I will abstain from scoring, discussing and making decisions on any issues related to the applicants listed below. (The councilor may state any and all applicants with which they have a conflict of interest. The applicant may describe the nature of the conflict in the space below. Detailed disclosure is not required. Data provided is considered public information.)

	Describe Here:	
	☐ I have a possible PERCEIVED conflict of interest. (Describe the nature of the perceived conflict of interest.)	of
	Describe Here:	
	☐ I am UNABLE to participate in this recommendation process.	
imm	time during the recommendation process! discover a conflict of interest, I will disclose that conflict ately to appropriate Council personnel.	
Cou	member's printed name: Rober+ (Bob) W. ANDERSON	
Cou	member's printed name: Robert (Bob) W. ANDERSON member's signature: Robert W. Anderson	
	Date: July 20, 2016	
l nr		Martine and the second
	section to be completed by council staff:	
	ify that the issue of Conflicts of Interest has been discussed with this councilor and the following act been taken:	ions
	Councilor has no conflict(s) and will fully participate in the recommendation process.	
	Councilor has disclosed an <u>actual</u> , <u>potential or perceived</u> conflict(s) but will continue to participate i recommendation process. The councilor has been instructed to avoid discussing with other councile the applicant and / or requests from agencies with which the councilor has a conflict of interest of so form.	ors
	Councilor has disclosed a conflict(s) and will not be participating in the recommendation process in manner.	any
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-	a lwol	
St	signature: MM	
D	7/27/20/6 Revised: June,	2014
	Revisea: June,	2017

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	Describe Here:
	☐ I have a possible PERCEIVED conflict of interest.(Describe the nature of the perceived conflict of interest.)
	Describe Here:
	☐ I am UNABLE to participate in this recommendation process.
imme	ny time during the recommendation process I discover a conflict of interest, I will disclose that conflict diately to appropriate Council personnel.
Coun	cil member's printed name: <u>Julie</u> Blackburn
Coun	cil member's signature: Date: //8//
Ti	nis section to be completed by council staff:
	ertify that the issue of Conflicts of Interest has been discussed with this councilor and the following actions ve been taken:
×	Councilor has no conflict(s) and will fully participate in the recommendation process.
	Councilor has disclosed an <u>actual</u> , <u>potential or perceived</u> conflict(s) but will continue to participate in the recommendation process. The councilor has been instructed to avoid discussing with other councilors the applicant and / or requests from agencies with which the councilor has a conflict of interest of some form.
	Councilor has disclosed a conflict(s) and will not be participating in the recommendation process in any manner.
-	
St	aff signature: Malt-M
	tate: $\frac{7}{27}/2016$
	Revised: June, 2014

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l cer four	tify that I have read and understand the above description of conflict of interest (check one of the boxes below):
A	I DO NOT have any conflicts of interest related to the requests for funding and I will participate in the recommendation process.
	I have reviewed the list of applicants, and I have an ACTUAL OR POTENTIAL conflict of interest. I will still participate in the recommendation process and I will abstain from scoring, discussing and making decisions on any issues related to the applicants listed below. (The councilor may state any and all applicants with which they have a conflict of interest. The applicant may describe the nature of the conflict in the space below. Detailed disclosure is not required. Data provided is considered public information.)

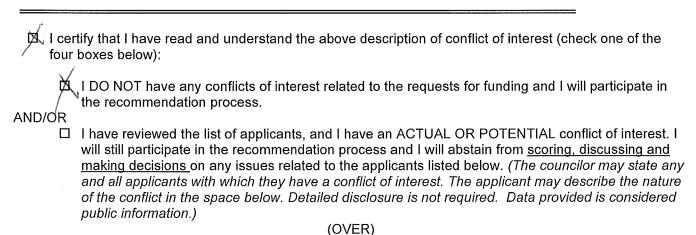
	Descrit	pe Here:
		ave a possible PERCEIVED conflict of interest.(Describe the nature of the perceived conflict of erest.)
	Descrit	pe Here:

	□ la	m UNABLE to participate in this recommendation process.
imn	rediately to	during the recommendation process I discover a conflict of interest, I will disclose that conflict appropriate Council personnel.
Col	ıncil memb	er's printed name: David Hentwell
Cot	ıncil memb	er's printed name: Davi) Hentwe \ er's signature: \(\square \)
		Date: 7/17/, Le
	This section	n to be completed by council staff:
1	certify tha	t the issue of Conflicts of Interest has been discussed with this councilor and the following actions aken:
(Coun	cilor has no conflict(s) and will fully participate in the recommendation process.
	recon	cilor has disclosed an <u>actual</u> , <u>potential or perceived</u> conflict(s) but will continue to participate in the amendation process. The councilor has been instructed to avoid discussing with other councilors oplicant and / or requests from agencies with which the councilor has a conflict of interest of some
	□ Counmann	cilor has disclosed a conflict(s) and will not be participating in the recommendation process in any er.
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-		M / IncO/
1	Staff signat	ure: Math offer
I	Date:	7/27/2016
		Revised: June, 2014

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	Describe Here:
AND/O	□ I have a possible PERCEIVED conflict of interest.(Describe the nature of the perceived conflict of interest.)
	Describe Here:
lam li	INABLE to participate in this recommendation process.
f at an mmedi	y time during the recommendation process I discover a conflict of interest, I will disclose that conflict iately to appropriate agency personnel.
Counci Counci	I member's printed name: Bill Ingebrigtsew
	Date:
I cert	section to be completed by council staff: tify that the issue of Conflicts of Interest has been discussed with this councilor and the following actions been taken:
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-	
Staff	signature:
Date	
	Revised: July, 201.

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AND/OR

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	Describe Here:
AND/O	☐ I have a possible PERCEIVED conflict of interest.(Describe the nature of the perceived conflict of
	interest.) Describe Here:
I am U	NABLE to participate in this recommendation process.
المحمد مما	y time during the recommendation process I discover a conflict of interest, I will disclose that conflict iately to appropriate agency personnel.
Counci	I member's printed name: Market Ma
Counci	I member's signature:
	Date:
have	ify that the issue of Conflicts of Interest has been discussed with this councilor and the following actions been taken: Councilor has no conflict(s) and will fully participate in the recommendation process. Councilor has disclosed an <u>actual, potential or perceived</u> conflict(s) but will continue to participate in the recommendation process. The councilor has been instructed to avoid discussing with other councilors the applicant and / or requests from agencies with which the councilor has a conflict of interest of some form.
	Councilor has disclosed a conflict(s) and will not be participating in the recommendation process in any manner.
j.	
T Land	
4 T. Aud.	
Staff	signature: Mathy
Date	
	Revised: July, 2013

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		tify that I have read and understand the above description of conflict of interest (check one of the boxes below):
AND	M M	I DO NOT have any conflicts of interest related to the requests for funding and I will participate in the recommendation process.
4IND/		I have reviewed the list of applicants, and I have an ACTUAL OR POTENTIAL conflict of interest. I will still participate in the recommendation process and I will abstain from <u>scoring</u> , <u>discussing and</u>
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		public information.) (OVER)

	Describe Here:
AND/C	DR □ I have a possible PERCEIVED conflict of interest.(Describe the nature of the perceived conflict of interest.)
	Describe Here:
l am l	INADI E to portion ato in this recommendation process
lf at ar immed	JNABLE to participate in this recommendation process. ny time during the recommendation process I discover a conflict of interest, I will disclose that conflict liately to appropriate agency personnel.
	ill member's printed name: Date: Leon M. Lillie T-21-2016
I cei	s section to be completed by council staff: tify that the issue of Conflicts of Interest has been discussed with this councilor and the following actions been taken:
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	Councilor has disclosed a conflict(s) and will not be participating in the recommendation process in any manner.
Staf	f signature: $\frac{MM+9L}{7/27/2016}$
Date	:: <u>+/2 +/ 20/6</u> Revised: July, 2013

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 - ☑ I certify that I have read and understand the above description of conflict of interest (check one of the four boxes below):
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AND/OR

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Describe Here:
AND/OR I have a possible PERCEIVED conflict of interest. (Describe the nature of the perceived conflict of interest.)
Describe Here:
I am UNABLE to participate in this recommendation process.
If at any time during the recommendation process I discover a conflict of interest, I will disclose that conflict immediately to appropriate agency personnel.
Council member's printed name: Denny Mc Namara Council member's signature: Date: 6-29-2016
This section to be completed by council staff: I certify that the issue of Conflicts of Interest has been discussed with this councilor and the following action have been taken:
Councilor has no conflict(s) and will fully participate in the recommendation process. Councilor has disclosed an <u>actual, potential or perceived</u> conflict(s) but will continue to participate in the recommendation process. The councilor has been instructed to avoid discussing with other councilors the applicant and / or requests from agencies with which the councilor has a conflict of interest of some form.
Councilor has disclosed a conflict(s) and will not be participating in the recommendation process in any manner.
Staff signature: Mal General Staff signature:
Staff signature:

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AND/QF

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

☐ I DO NOT have any conflicts of interest related to the requests for funding and I will participate in the recommendation process.

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	Describe Here:
AND/O	R I have a possible PERCEIVED conflict of interest.(Describe the nature of the perceived conflict of interest.)
	Describe Here:
I am U	NABLE to participate in this recommendation process.
immedi	y time during the recommendation process I discover a conflict of interest, I will disclose that conflict iately to appropriate agency personnel.
Counci Counci	I member's printed name: Susan Olso
	Date: 6-29-16
I cert	section to be completed by council staff: tify that the issue of Conflicts of Interest has been discussed with this councilor and the following actions been taken: Councilor has no conflict(s) and will fully participate in the recommendation process. Councilor has disclosed an actual, potential or perceived conflict(s) but will continue to participate in the recommendation process. The councilor has been instructed to avoid discussing with other councilors the applicant and / or requests from agencies with which the councilor has a conflict of interest of some form.
	Councilor has disclosed a conflict(s) and will not be participating in the recommendation process in any manner.
Staff	signature:
	Revised: July, 2013

This form gives council members an opportunity to disclose any actual, potential or perceived conflicts of interest that exist during the upcoming recommendation process. It is the council member's obligation to be familiar with the Conflict of Interest Policy for the Lessard-Sams Outdoor Heritage Council (LSOHC) and to disclose any conflicts of interest. The council member is not required to explain the reason for a conflict of interest. The information is considered public data under Minn. Statute 13.599. This completed form will be posted to the LSOHC website. A disclosure does not automatically result in the council member being removed from the council recommendation process.

Please read the definition of conflict of interest below and mark the boxes pertaining to you and your status as a council member recommending requests for funding from the Outdoor Heritage Fund.

Description of conflicts of interest- A conflict of interest occurs when the council member or others affiliated with the council believes any one of the following conditions exists:

- (a) A council member uses his/her status or position to obtain <u>special</u> advantage, benefit, or access to the person making a request for funding or the requesting entity's time, services, facilities, equipment, supplies, badge, uniform, prestige, or influence.
- (b) A council member receives or accepts money or anything of value from someone making a request for funding or has equity or a financial interest in or partial or whole ownership of an applicant organization.
- (c) A council member is an employee or board member of an organization requesting funding or is a family member of anyone employed by or a board member of the applying organization.
- (d) Specific to LSOHC council members, statute provides *M.S.97A.056*, *Subd. 4. Conflict of interest.*(a) A council member may not be an advocate for or against a council action or vote on any action that may be a conflict of interest. A conflict of interest must be disclosed as soon as it is discovered. The council shall follow the policies and requirements related to conflicts of interest developed by the Office of Grants Management under section 16B.98. (See above)
 - (b) For the purposes of this section, a "conflict of interest" exists when a person has an organizational conflict of interest or direct financial interests and those interests present the appearance that it will be difficult for the person to impartially fulfill the person's duty. An "organizational conflict of interest" exists when a person has an affiliation with an organization that is subject to council activities, which presents the appearance of a conflict between organizational interests and council member duties. An "organizational conflict of interest" does not exist if the person's only affiliation with an organization is being a member of the organization.

certify that I have read and understand the above description of conflict of interest (check one of the ur boxes below):
☑ I DO NOT have any conflicts of interest related to the requests for funding and I will participate in the recommendation process.
☐ I have reviewed the list of applicants, and I have an ACTUAL OR POTENTIAL conflict of interest. I will still participate in the recommendation process and I will abstain from scoring, discussing and making decisions on any issues related to the applicants listed below. (The councilor may state any

and all applicants with which they have a conflict of interest. The applicant may describe the nature of the conflict in the space below. Detailed disclosure is not required. Data provided is considered

public information.)

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	☐ I have a possible PERCEIVED conflict of interest.(Describe the nature of the perceived conflict of interest.)
	Describe Here:
	☐ I am UNABLE to participate in this recommendation process.
med	y time during the recommendation process I discover a conflict of interest, I will disclose that conflict ately to appropriate Council personnel. I member's printed name:
ounc	I member's signature: Date: 7-18-16
Thi	s section to be completed by council staff:
I ce	
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	l cer	tify that I have read and understand the above description of conflict of interest (check one of the
	four	boxes below):
		I DO NOT have any conflicts of interest related to the requests for funding and I will participate in the recommendation process.
AND.	OR	
		I have reviewed the list of applicants, and I have an ACTUAL OR POTENTIAL conflict of interest. I will still participate in the recommendation process and I will abstain from scoring, discussing and making decisions on any issues related to the applicants listed below. (The councilor may state any and all applicants with which they have a conflict of interest. The applicant may describe the nature of the conflict in the space below. Detailed disclosure is not required. Data provided is considered public information.)
		(OVFR)

	Describe Here:
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	Describe Here:
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	I member's printed name: Date: CON SCHARA
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Staff Date:	signature: Mil in 96
Daie,	Revised: July, 2013

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l am	UNABLE to participate in this recommendation process.
mme	ny time during the recommendation process I discover a conflict of interest, I will disclose that conflict diately to appropriate agency personnel.
Cound	cil member's printed name: 15akm Tilley
Cound	cil member's signature:
	Date: 6/25/16
I ce	rtify that the issue of Conflicts of Interest has been discussed with this councilor and the following actions e been taken:
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Staf	ff signature:
Date	
	Revised: July, 2013

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immer	ill member's signature:
Counc	Date: Thly 5, 2016
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Staf	f signature: Malt-9L
Date	n: <u>+/27/2016</u> Revised: July, 2013