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- (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**.

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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):
    - IDO NOT have any conflicts of interest related to the requests for funding and I will participate in the recommendation process.

AND/OR

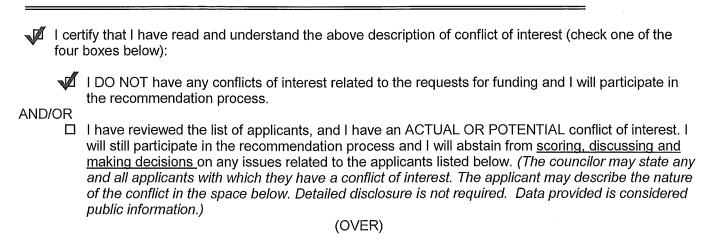
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Describe Here:
AND/OR  I have a possible PERCEIVED conflict of interest. ( Describe the nature of the perceived conflict of interest.)
Describe Here:
I am UNABLE to participate in this recommendation process.
If at any time during the recommendation 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: Dannan Mamara
Date: 7-15-15
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 actions
have 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.
The state of the s
Staff signature: Mal 12/12  Date: 7/17/2015
Date: 7/17/2015  Revised: July, 2013

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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:Ron Schara
Council member's signature: Ron Schara
Date:July 12, 2015
This section to be completed by council staff:
nt schwere antagag Agigap, asis kale an allater of seas Minist Delwar a gradual conf. We what many we called a
I certify that the issue of Conflicts of Interest has been discussed with this councilor and the following actions have been taken:
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Light Charles and the company of the
Staff signature: Maly 96-
Date: 7/17/2015  Revised: July. 2013

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certify that I have read and understand the above description of conflict of interest (check one of the

ſ	four	boxes below):
	区	I DO NOT have any conflicts of interest related to the requests for funding and I will participate in the recommendation process.
ND.	/OR	
		I have reviewed the list of applicants, and I have an ACTUAL OR POTENTIAL conflict of interest.

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Describe Here:	
AND/OR	
	lict of interest.( Describe the nature of the perceived conflict of
Describe Here:	
**************************************	
I am UNABLE to participate in this recommend	dation process.
immediately to appropriate agency personnel.	ess I discover a conflict of interest, I will disclose that conflict
Council member's printed name:	Trabelh Anne Wilkens
Council member's signature:	rest Ve. Ullh
Date:	6/23/15
This section to be completed by council staff:	
I certify that the issue of Conflicts of Interest ha have been taken:	as been discussed with this councilor and the following actions
Councilor has no conflict(s) and will fully	participate in the recommendation process.
recommendation process. The councilor l	al or perceived conflict(s) but will continue to participate in the has been instructed to avoid discussing with other councilors ries with which the councilor has a conflict of interest of some
Councilor has disclosed a conflict(s) and manner.	will not be participating in the recommendation process in any
Staff signature: Malv-Ja-	
Date: 7/17/2015	Davidad, L.L. 2012
	Revised: July, 2013

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g	tify that I have read and understand the above description of conflict of interest (check one of the boxes below):
Ą	I DO NOT have any conflicts of interest related to the requests for funding and I will participate in the recommendation process.
ND/OR	
	I have reviewed the list of applicants, and I have an ACTIVI OR DOTENTIAL conflict of interest

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Describe Here:	All Property and All Pr
AND/OR  ☐ I have a possible PERCEIVED conflict of interest.( Describe interest.)	the nature of the perceived conflict of
Describe Here:	
I am UNABLE to participate in this recommendation process.	
If at any time during the recommendation process I discover a conflict immediately to appropriate agency personnel.	of interest, I will disclose that conflict
Council member's printed name: Suit Saclouv	
Council member's signature:	
Date: 4123(15)	
This section to be completed by council staff:	
I certify that the issue of Conflicts of Interest has been discussed with the have been taken:	is councilor and the following actions
Councilor has no conflict(s) and will fully participate in the recon	nmendation process.
Councilor has disclosed an <u>actual</u> , <u>potential or perceived</u> conflict( recommendation process. The councilor has been instructed to average the applicant and / or requests from agencies with which the counform.	oid discussing with other councilors
☐ Councilor has disclosed a conflict(s) and will not be participating manner.	in the recommendation process in any
Staff signature: Mol wyl-	
Date: 7/17/2015	Revised: July, 2013
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X	I certify that I have read and understand the above description of conflict of interest four boxes below):	(check or	ne of the
	Tour boxes below).	:	

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(OVER)

AND/OF

Describe Here: Audubon MN.	
AND/OR  I have a possible PERCEIVED conflict of interest. ( Describe the nature of the perceived conflict interest.)	t of
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.	t
Council member's printed name: David Hartwell	
Council member's signature:	
Date:	
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:	ış
☐ 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.	у
Staff signature: Mall Me	
Date: 7/17/2015	
Revised: July, 201	13

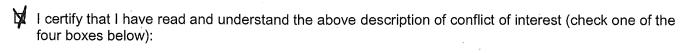
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Describe Here:	
AND/OR	
☐ I have a possible PERCEIVED conflict of interest.( Des interest.)	cribe the nature of the perceived conflict of
Describe Here:	
I am UNABLE to participate in this recommendation process.	
If at any time during the recommendation process I discover a consimmediately to appropriate agency personnel.  Council member's printed name: Robert (Bob) W. A. Council member's signature: Robert (Bob) W. A. Date: D	
Council member's signature: Kolunt W. Ander	
Date: June 23,	2015
This section to be completed by council staff:  I certify that the issue of Conflicts of Interest has been discussed w have been taken:	ith this councilor and the following actions
Councilor has no conflict(s) and will fully participate in the r	ecommendation process.
Councilor has disclosed an <u>actual</u> , <u>potential or perceived</u> con recommendation process. The councilor has been instructed the applicant and / or requests from agencies with which the form.	to avoid discussing with other councilors
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Staff signature: Mal 1-96-	
Date: 7/17/2015	Revised: July, 2013

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<b>\(\rangle\)</b>	I DO NOT have any conflicts of interest related to the requests for funding and I will participate in the recommendation process.
AND/OR	
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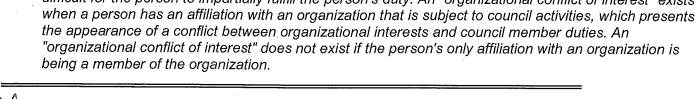
•	Describe Here:
AND/C	<ul> <li>□ I have a possible PERCEIVED conflict of interest. (Describe the nature of the perceived conflict of interest.)</li> </ul>
	Describe Here:
lam L	JNABLE to participate in this recommendation process.
	y time during the recommendation process I discover a conflict of interest, I will disclose that conflict iately to appropriate agency personnel.
Counci	il member's printed name: Barry Tilley
Counci	il member's signature:
	Date: 4/23/15
	•
This se	ection to be completed by council staff:
	y that the issue of Conflicts of Interest has been discussed with this councilor and the following actions een taken:
Ø C	Councilor has no conflict(s) and will fully participate in the recommendation process.
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	Councilor has disclosed a conflict(s) and will not be participating in the recommendation process in any nanner.
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ja	
Staff si	gnature: Med V-)
Date:	7/17/2015
- u.o	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):

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.)

(OVER)

AND/OR

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: Susan Olson
Council member's printed name: Susan Olson  Council member's signature:
Date: $6/23/15$
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 actions have 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.
<u>and the property of the prope</u>
Staff signature: Molv-92-
Date:
Revised: July, 201

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 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 that 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.

	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.
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 <u>scoring</u> , <u>discussing and making decisions</u> 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

(OVER)

of the conflict in the space below. Detailed disclosure is not required. Data provided is considered

public information.)

	Describe Here:
AND/	OR □ I have a possible PERCEIVED conflict of interest. ( Describe the nature of the perceived conflict of interest.)
	Describe Here:
l am	UNABLE to participate in this recommendation process.
	any time during the recommendation process I discover a conflict of interest, I will disclose that conflict ediately to appropriate agency personnel.
Coun	ocil member's printed name:
Coun	cil member's signature. Am Jaffayy
	Date: $\frac{6-23-15}{}$
This s	section to be completed by council staff:
	fy that the issue of Conflicts of Interest has been discussed with this councilor and the following actions been taken:
Ø.	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.
Staff	signature: Mat My
Date:	7/17/2015
	Revised: July, 2013

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- (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.

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A		tify that I have read and understand the above description of conflict of interest (check one of the boxes below):
AND/	-	I DO NOT have any conflicts of interest related to the requests for funding and I will participate in the recommendation process.
AND/		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.)
		(OVED)

	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.
	any time during the recommendation process I discover a conflict of interest, I will disclose that conflict ediately to appropriate agency personnel.
Coun	icil member's printed name:
Coun	icil member's signature:
	$U_{\text{Date}} \stackrel{\triangle}{=} 6/23/2015$
This	section to be completed by council staff:
	fy that the issue of Conflicts of Interest has been discussed with this councilor and the following actions been taken:
Ø.	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: Malla Julian
Date:	7/17/2015
	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 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.

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- (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.
  - 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.

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.)

	Describe Here:
ANE	D/OR  ☐ I have a possible PERCEIVED conflict of interest.( Describe the nature of the perceived conflict of interest.)
	Describe Here:
l an	n UNABLE to participate in this recommendation process.
imm	any time during the recommendation process I discover a conflict of interest, I will disclose that conflict ediately to appropriate agency personnel.  ncil member's printed name:    Bill   Bi
Cou	ncil member's signature: Date: 124/2015
This	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:
X	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.
Staff	signature: Make The
Date	
	Revised: July, 2013

## Member Blackburn submitted an updated Conflict of Interest form on 8/10/15 after learning of a possible PERCEVIED Conflict of Interest

#### Lessard-Sams Outdoor Heritage Council Conflict of Interest Disclosure Form

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 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 that pertaining to you and your status as a council member recommending requests for funding from the Outdoor Heritage Fund.

- (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.

<b>½</b>	tify that I have read and understand the above description of conflict of interest (check one of the boxes below):
	I DO NOT have any conflicts of interest related to the requests for funding and I will participate in the recommendation process.
<b>AND</b>	
	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.)
	(OVER)

# Member Blackburn submitted an updated Conflict of Interest form on 8/10/15 after learning of a possible PERCEVIED Conflict of Interest

	Describe Here:
AND	O/OR
	I have a possible PERCEIVED conflict of interest.( Describe the nature of the perceived conflict of interest.)
	Describe Here: Treasants Trever (National) May be contracting
	Nontrainal Pricary Front in Kasicas City 20110 (Feb).
[	]I am UNABLE to participate in this recommendation process.
	any time during the recommendation process I discover a conflict of interest, I will disclose that conflict ediately to appropriate agency personnel.
Cou	ncil member's printed name: Julie Blackburp
Cou	ncil member's signature:
	Date: 8/10/15
This	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 <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.
·	
Staff	Signature: Mah 1-96
	: 8-10-2015
	Revised: July 2013

Member Representative David Dill did not submit a Conflict of Interest form as he will not be participating in evaluations of FY17 Proposals due to outstanding circumstances