

## Lessard Outdoor Heritage Council Conflict of Interest Disclosure Form

This form gives grant application reviewers an opportunity to disclose any actual, potential or perceived 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. Once completed, this form will be posted to the LSOHC website. **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.

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

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 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.)*

Describe Here: \_\_\_\_\_

\_\_\_\_\_

AND/OR

- ☐ I have a possible PERCEIVED conflict of interest. (Describe the nature of the perceived conflict of interest.)

Describe Here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AND/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: Lester G Bensch

Reviewer's signature: Lester G Bensch

Date: 3 Aug 11

**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 an actual, potential or perceived 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: W. H. Becker

Date: August 8, 2011

Revised: June 2011

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- ☐ I have a possible PERCEIVED conflict of interest. (Describe the nature of the perceived conflict of interest.)

Describe Here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AND/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: Ryan Bronson

Reviewer's signature: 

Date: 7-29-11

**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:

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- ☐ Reviewer has disclosed a conflict(s) and will not be participating in the review process in any manner.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff signature: 

Date: August 2, 2011

Revised: June 2011

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Describe Here:

HA02 - I sit on board  
of MUNWRT.

AND/OR

- ☐ I have a possible PERCEIVED conflict of interest. (Describe the nature of the perceived conflict of interest.)

Describe Here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AND/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: James Cox

Reviewer's signature: [Signature]

Date: 8-1-10

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

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff signature: [Signature]

Date: Aug 4, 2011

Revised: June 2011

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Describe Here: \_\_\_\_\_

\_\_\_\_\_

AND/OR

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Describe Here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AND/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: WAYNE ENGER

Reviewer's signature: 

Date: 7-29-11

**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:

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- ☐ Reviewer has disclosed a conflict(s) and will not be participating in the review process in any manner.

Staff signature: 

Date: August 1, 2011

Revised: June 2011



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\_\_\_\_\_  
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Describe Here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AND/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: David Hartwell

Reviewer's signature: [Signature]

Date: 8/12/11

**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:

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- ☐ Reviewer has disclosed a conflict(s) and will not be participating in the review process in any manner.

Past association with MCT Board - prohibited to review MCT due to  
cooling off period passage (minimum of 1 year)

Staff signature: [Signature]

Date: August 15, 2011

Revised: June 2011

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

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Describe Here: *Note: I verbalized my potential Conflict of I see Zebra M. (HRE06). Chair and committee members concluded that this was not a CFI and that I can participate & vote on project.*

AND/OR

- ☒ I have a possible PERCEIVED conflict of interest. (Describe the nature of the perceived conflict of interest.)

Describe Here: SEE 3<sup>rd</sup> box.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AND/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: Bill Ingebrigtsen

Reviewer's signature: Bill Ingebrigtsen

Date: 8/23/2011

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

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- ☐ Reviewer has disclosed a conflict(s) and will not be participating in the review process in any manner.

Senator Ingebrigtsen has no organizational conflict of interest nor does he stand to benefit personally from the zebra mussel requests. He may participate fully.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff signature: William H. Barber

Date: August 23, 2011

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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: THE NATURE CONSERVANCY:  
Trustee 2005 - Feb 2011

AND/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: JANE H. KINGSTON

Reviewer's signature: JH Kingston

Date: 08/05/11

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

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Mrs. Kingston no longer sits on the Nature Conservancy Board of Directors and is therefore not conflicted by definition. Someone might perceive her conflicted because of her recent knowledge of TNC board decisions and other matters. To address any perceived conflict she will perfect her disassociation from the TNC board by self-imposing a one year "separation of service period" during which she will recuse herself from participation in decisions and discussions unique to TNC requests.

Staff signature: W. H. H. H.

Date: 8-9-11

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

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\_\_\_\_\_

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Describe Here: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

AND/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: Gean M. Lillie

Reviewer's signature: [Signature]

Date: 8-18-2011

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

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Staff signature: W. H. Beck

Date: August 23, 2011

Revised: June 2011



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☒ 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.

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 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.)*

Describe Here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

AND/OR

- ☐ I have a possible PERCEIVED conflict of interest. (Describe the nature of the perceived conflict of interest.)

Describe Here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AND/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: Denny McNamara

Reviewer's signature: Denny M. Namara

Date: 8-5-2011

**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 an actual, potential or perceived 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.

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Staff signature: William H. Becker

Date: August 8, 2011

Revised: June 2011

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

This form gives grant application reviewers an opportunity to disclose any actual, potential or perceived 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. Once completed, this form will be posted to the LSOHC website. **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.

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

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 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.)*

Describe Here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AND/OR

- ☐ I have a possible PERCEIVED conflict of interest. (Describe the nature of the perceived conflict of interest.)

Describe Here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AND/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: SCOTT RALLReviewer's signature: Scott RallDate: 8-16-11**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 an actual, potential or perceived 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.

Reviewer has a relationship with Nobles County Pleasant Grove. None of the Pleasant Grove requests benefit Nobles County or Nobles County Pleasant Grove.

Staff signature: W. J. B.Date: 8-17-11

Revised: June 2011

## Lessard Outdoor Heritage Council Conflict of Interest Disclosure Form

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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.

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

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 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.)*

Describe Here: \_\_\_\_\_

\_\_\_\_\_

AND/OR

- ☐ I have a possible PERCEIVED conflict of interest. (Describe the nature of the perceived conflict of interest.)

Describe Here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AND/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: Thomas W. Saxhaug

Reviewer's signature: Thomas W. Saxhaug

Date: 8-1-11

**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 an actual, potential or perceived 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: W. H. B. B.

Date: August 4, 2011

Revised: June 2011

## Lessard Outdoor Heritage Council Conflict of Interest Disclosure Form

This form gives grant application reviewers an opportunity to disclose any actual, potential or perceived 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. Once completed, this form will be posted to the LSOHC website. **A disclosure does not automatically result in the grant application reviewer being removed from the review process.**

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- (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.

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

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 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.)*

Describe Here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AND/OR

- ☐ I have a possible PERCEIVED conflict of interest. (Describe the nature of the perceived conflict of interest.)

Describe Here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AND/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: Ron Schara

Reviewer's signature: Ron Schara

Date: Aug 1, 2011

**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 an actual, potential or perceived 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.

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Staff signature: W. J. Brown

Date: August 4, 2010

Revised: June 2011