

## Lessard-Sams 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, as defined in M.S. 2012, Chapter 97A.056, Subdivision 4, Paragraph (b), that exist during a grant review process. It is the application reviewer's obligation to be familiar with the Conflict of Interest Policy and to disclose any conflicts of interest. The grant reviewer is not required to explain the reason for the conflict of interest. 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 Council member or staff determines either of the following conditions found in M.S. 2012, Chapter 97A.056, Subdivision 4, Paragraph (b) to be present.

For recommendations to the Minnesota Legislature on appropriations from the Outdoor Heritage fund, a "conflict of interest" exists when a person has:

1. Direct financial interests and those interests present the appearance that it will be difficult for the person to impartially fulfill the person's duty, or
2. An organizational conflict of interest and that interest presents 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.

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☒ I certify that I have read and understand the descriptions 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 applicants or proposed projects and I will participate in the review process.

AND/OR

☒ I have reviewed the list of applicants, and I have a 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: Restoration work on Jensen WMA Sec 17,  
Twp 131 North, Range 40 West Eagle Lake Twp. Otter Tail Co  
Funds for project paid by DNR general fund & not  
from legacy moneys. Total funding received \$2275.  
AND/OR costs \$2565.

☐ 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: 25 July 2012

**This section to be completed by Council Staff**

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 has been instructed to avoid discussing the applicant and / or applications from agencies with which the reviewer has a conflict of interest.~~
- ☐ Reviewer has disclosed a conflict(s) and will not be participating in the review process in any manner.

This matter will be acted upon by the Council on  
August 1, 2012

Staff signature: William H. Bensch

Date: July 20, 2012

Revised: July 2012

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☒ I certify that I have read and understand the descriptions 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 applicants or proposed projects and I will participate in the review process.

AND/OR

- ☐ I have reviewed the list of applicants, and I have a 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.)*

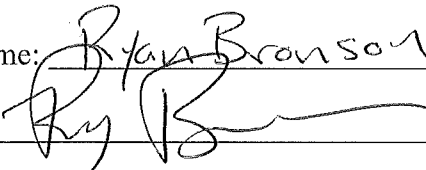
Describe Here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AND/OR

☐ I 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 Branson

Reviewer's signature: 

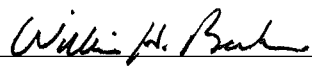
Date: 7-26-12

**This section to be completed by Council Staff**

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 has been instructed to avoid discussing the applicant and / or applications from agencies with which the reviewer has a conflict of interest.
- ☐ Reviewer has disclosed a conflict(s) and will not be participating in the review process in any manner.

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

Staff signature: 

Date: August 6, 2012

Revised: July 2012

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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 Council member or staff determines either of the following conditions found in M.S. 2012, Chapter 97A.056, Subdivision 4, Paragraph (b) to be present.

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☒ I certify that I have read and understand the descriptions 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 applicants or proposed projects and I will participate in the review process.

AND/OR

☒ I have reviewed the list of applicants, and I have a 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: Board Member MVNWRT  
Partner in Metro Big Rivers

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: James Cox

Date: July 17, 2012

**This section to be completed by Council Staff**

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 has been instructed to avoid discussing the applicant and / or applications from agencies with which the reviewer has a conflict of interest.
- ☐ Reviewer has disclosed a conflict(s) and will not be participating in the review process in any manner.

Councilman Cox will abstain and recuse himself from reviewing the  
DNR Conservation Partners Request

Staff signature: William H. Becker

Date: July 30, 2012

Revised: July 2012

## Lessard-Sams 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 Council member or staff determines either of the following conditions found in M.S. 2012, Chapter 97A.056, Subdivision 4, Paragraph (b) to be present.

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☒ I certify that I have read and understand the descriptions 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 applicants or proposed projects and I will participate in the review process.

AND/OR

- ☐ I have reviewed the list of applicants, and I have a 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 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: 7-15-12

**This section to be completed by Council Staff**

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 has been instructed to avoid discussing the applicant and / or applications from agencies with which the reviewer has a conflict of interest.
- ☐ Reviewer has disclosed a conflict(s) and will not be participating in the review process in any manner.

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Staff signature: 

Date: July 30, 2012

Revised: July 2012

## Lessard-Sams 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 Council member or staff determines either of the following conditions found in M.S. 2012, Chapter 97A.056, Subdivision 4, Paragraph (b) to be present.

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☒ I certify that I have read and understand the descriptions 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 applicants or proposed projects and I will participate in the review process.

AND/OR

☒ I have reviewed the list of applicants, and I have a 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: Conservation Partners

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: 7/23/12

**This section to be completed by Council Staff**

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 has been instructed to avoid discussing the applicant and / or applications from agencies with which the reviewer has a conflict of interest.
- ☐ Reviewer has disclosed a conflict(s) and will not be participating in the review process in any manner.

Councilman Hartwell will abstain from reviewing the DNR  
Conservation Partners's request.

Staff signature: William H. Baker

Date: July 30, 2012

Revised: July 2012

## 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.

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☒ 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.)

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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: 8/1/12

**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 H. Breda

Date: August 6, 2012

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☒ I certify that I have read and understand the descriptions 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 applicants or proposed projects and I will participate in the review process.

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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: JANE H. KINGSTON

Reviewer's signature: JA Kingston

Date: 07/20/12

**This section to be completed by Council Staff**

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 has been instructed to avoid discussing the applicant and / or applications from agencies with which the reviewer has a conflict of interest.
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\_\_\_\_\_  
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Staff signature: William H. Becker

Date: July 30, 2012

Revised: July 2012

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☒ I certify that I have read and understand the descriptions 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 applicants or proposed projects and I will participate in the review process.

AND/OR

☐ I have reviewed the list of applicants, and I have a 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 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: Leah M. Little

Reviewer's signature: [Signature]

Date: 7-26-2012

**This section to be completed by Council Staff**

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 has been instructed to avoid discussing the applicant and / or applications from agencies with which the reviewer has a conflict of interest.
- ☐ 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: July 30, 2012

Revised: July 2012

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☒ I certify that I have read and understand the descriptions 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 applicants or proposed projects and I will participate in the review process.

AND/OR

☐ I have reviewed the list of applicants, and I have a 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 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 McNamara

Date: 7-19-2012

**This section to be completed by Council Staff**

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 has been instructed to avoid discussing the applicant and / or applications from agencies with which the reviewer has a conflict of interest.
- ☐ Reviewer has disclosed a conflict(s) and will not be participating in the review process in any manner.

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

Staff signature: William H. Bachan

Date: July 30, 2012

Revised: July 2012

### Lessard-Sams 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, as defined in M.S. 2012, Chapter 97A.056, Subdivision 4, Paragraph (b), that exist during a grant review process. It is the application reviewer's obligation to be familiar with the Conflict of Interest Policy and to disclose any conflicts of interest. The grant reviewer is not required to explain the reason for the conflict of interest. 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 Council member or staff determines either of the following conditions found in M.S. 2012, Chapter 97A.056, Subdivision 4, Paragraph (b) to be present.

For recommendations to the Minnesota Legislature on appropriations from the Outdoor Heritage fund, a "conflict of interest" exists when a person has:

1. Direct financial interests and those interests present the appearance that it will be difficult for the person to impartially fulfill the person's duty, or
2. An organizational conflict of interest and that interest presents 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.

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☒ I certify that I have read and understand the descriptions 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 applicants or proposed projects and I will participate in the review process.

AND/OR

☐ I have reviewed the list of applicants, and I have a 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 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 RALL

Reviewer's signature: [Signature]

Date: 7-25-12

**This section to be completed by Council Staff**

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 has been instructed to avoid discussing the applicant and/or applications from agencies with which the reviewer has a conflict of interest.
- ☐ Reviewer has disclosed a conflict(s) and will not be participating in the review process in any manner.

Staff signature: [Signature]

Date: July 30, 2012

Revised: July 2012

## Lessard-Sams 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, as defined in M.S. 2012, Chapter 97A.056, Subdivision 4, Paragraph (b), that exist during a grant review process. It is the application reviewer's obligation to be familiar with the Conflict of Interest Policy and to disclose any conflicts of interest. The grant reviewer is not required to explain the reason for the conflict of interest. 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 Council member or staff determines either of the following conditions found in M.S. 2012, Chapter 97A.056, Subdivision 4, Paragraph (b) to be present.

For recommendations to the Minnesota Legislature on appropriations from the Outdoor Heritage fund, a "conflict of interest" exists when a person has:

1. Direct financial interests and those interests present the appearance that it will be difficult for the person to impartially fulfill the person's duty, or
2. An organizational conflict of interest and that interest presents 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.

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☒ I certify that I have read and understand the descriptions 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 applicants or proposed projects and I will participate in the review process.  
AND/OR

☐ I have reviewed the list of applicants, and I have a 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 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: Tom Saxhaug

Reviewer's signature: Tom Saxhaug

Date: 7-22-12

**This section to be completed by Council Staff**

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 has been instructed to avoid discussing the applicant and / or applications from agencies with which the reviewer has a conflict of interest.
- ☐ Reviewer has disclosed a conflict(s) and will not be participating in the review process in any manner.

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

Staff signature: Wilkie H. Beck

Date: July 30, 2012

Revised: July 2012

## Lessard-Sams 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: \_\_\_\_\_

Reviewer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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: William H. Baker, exec. dir.