

**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.

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(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 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:

My sister lives on Lake Independence (HREC9)

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.

Council member's printed name: JANE H. KINGSTON

Council member's signature: *J. Kingston*

Date: 7/5/2013

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 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.

MS 13.599 (c) states the "family member of anyone involved in the grantee or grant applicant's agency" may have a conflict. The grantee and grant applicant is Three Rivers Park Reserve District and Ms Kingston's sister is not affiliated with The TRPRD

Staff signature: *William W. Becker*

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Describe Here: _____

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

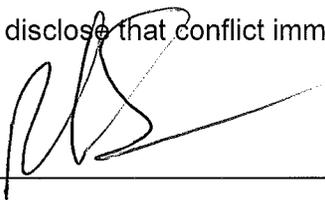
Describe Here: _____ Leech lake watershed proposal; I have a cabin in watershed.

AND/OR

I am UNABLE to participate in this review process.

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Ron Schara _____

Council member's signature: _____ signed by Ron Schara 

July 30 _____

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

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Mr Schara's interest in the watershed is not a conflict as defined by M.S. 97A.056 and is similar in magnitude as the general public. He is able to participate freely except he must immediately declare a conflict if his property clearly, directly benefits from a request before the council. Directly means work on the Schara property.

Staff signature: William H. Becker

Date: July 30, 2013

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Describe Here: PA-2, FA-4, and WA-2. I was president of the Mower County Pheasants Forever chapter for approximately 8 years, ending in February 2013, and that chapter has been and is pursuing funding for land acquisitions and other projects through LSOHC. I am no longer part of the local committee or in any leadership role with Pheasants Forever, although I do retain a membership. I will be abstaining from voting on these projects for the first 12 months of my appointment to the LSOHC.

① 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.

Council member's printed name: Susan Olson

Council member's signature: 

Date: July 17, 2013

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

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The conflict is limited to applications or other council business concerning or benefiting the MOWER COUNTY Pheasants Forever chapter. Therefore when the Mower County chapter is eligible for OPE funds or projects all in Mower County and benefit Mower County PF members Ms. Olson will not vote on or debate these programs.

Staff signature: William H. Becker

Date: July 25, 2013

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Describe Here: _____

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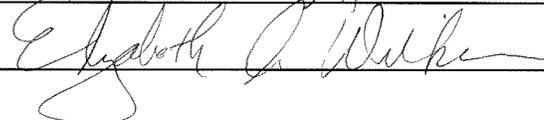
Describe Here: _____

AND/OR

I am UNABLE to participate in this review process.

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Council member's printed name: Elizabeth Anne Wilkens

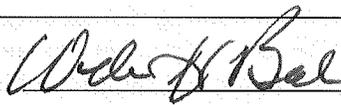
Council member's signature: 

Date: 8/1/13

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Describe Here: _____

AND/OR

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Council member's printed name: SENATOR Bill Ingebrigtsen

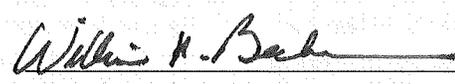
Council member's signature: 

Date: 8-1-2013

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Describe Here: on Board of National Audubon

AND/OR

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

Describe Here: on Board of Belwin Conservancy which
received ~~the~~ Conservancy Partners grant in past

AND/OR

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Council member's printed name: Davis J. Hentzell

Council member's signature: [Signature]

Date: 8/1/13

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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: Past member Minn. Valley National Wildlife Refuge Trust.

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.

Council member's printed name: James Cox

Council member's signature: James Cox

Date: 7-9-13

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- 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.

Mr. Cox's past board membership on the MVNWR may be perceived as a COI however he clearly has no current direct interest in the current applications before the Council and does not fall under the State Dept's office's description of conflicts of interest. Mr. Cox may fully participate if he wishes.

Staff signature: William Baker

Date: July 12, 2013

**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 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.

(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 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.

Council member's printed name: Scott Ball

Council member's signature: *Scott Ball*

Date: 7-2-13

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 is/was president of Nobles Co. Pheasants Forever. The State Pheasants Forever Chapter is 1) a separate entity, 2) not a funding source for Nobles Co and 3) an applicant to the Council. Because the applicant, PF-Minnesota, is separate from Nobles County and there is no funding coming from MN PF to Nobles Nobles Co. PF there is no conflict of interest actual, potential or perceived

Staff signature: *William H. Becker*

Date: July 12, 2013

**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 grant reviewer or other agency personnel determines any one of the following conditions to be present:

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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.

(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)

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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: _____

Ogo to

② 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 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: William H. Becker

Date: July 25, 2013

① 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.

Council member's printed name: Robert (Bob) W. ANDERSON

Council member's signature: Robert W. Anderson

Date: July 17, 2013

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**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:

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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.)

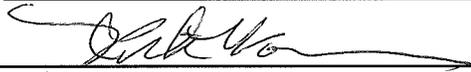
Describe Here: _____

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.

Council member's printed name: Rick Hansen

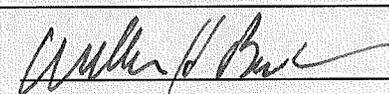
Council member's signature: 

Date: 7/25/13

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 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: 

Date: 7/29/13

**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.

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(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)

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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: _____

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.

Council member's printed name: Tom Saehaug

Council member's signature: [Signature]

Date: 7-29-13

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 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: William H. Bab

Date: August 9, 2013

**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:

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(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.

(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 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.

Council member's printed name: Denny McNamara

Council member's signature: Denny McNamara

Date: 9-4-13

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: William H. Reed

Date: Sept 6, 2013