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

Describe Here:	
☐ I have a possible PERCEIVED conflict of interest.(Description interest.)	ibe the nature of the perceived conflict of
Describe Here:	
☐ I am UNABLE to participate in this recommendation pro	
If at any time during the recommendation process I discover a confimmediately to appropriate Council personnel.  Council member's printed name:  Robert "Bob" W. A.  Council member's signature:  Date:  Date:	
This section to be completed by council staff:	
I certify that the issue of Conflicts of Interest has been discussed have been taken:	
Councilor has no conflict(s) and will fully participate in the	
Councilor has disclosed an <u>actual</u> , <u>potential or perceived</u> correcommendation process. The councilor has been instructed the applicant and / or requests from agencies with which the form.	ed to avoid discussing with other councilors
Councilor has disclosed a conflict(s) and will not be particular manner.	pating in the recommendation process in any
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Staff signature:	an consequent court to be to the processor there is the court of the c
Date: $6-20-20/9$	 Revised: June, 2014
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	Describe Here:
	□ I am UNABLE to participate in this recommendation process.
imme	any time during the recommendation process I discover a conflict of interest, I will disclose that conflict ediately to appropriate Council personnel.
Coun	cil member's printed name: <u>Jamie Becker-Finn</u>
Coun	cil member's signature:
	cil member's printed name: Jamie Becker-Finn  cil member's signature:
Th	nis section to be completed by council staff:
	ertify that the issue of Conflicts of Interest has been discussed with this councilor and the following actions we 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.
-	
-	
Sta	aff signature: MM & The The
	ate: 7/10/2019
"	Revised: June, 2014

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-	Describe Here:
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	Describe Here:
-	☐ I am UNABLE to participate in this recommendation process.
immedi: Council	time during the recommendation process I discover a conflict of interest, I will disclose that conflict ately to appropriate Council personnel.  member's printed name: Knsth Eggannel.  member's signature: Date: 427/19
I cer	tify that the issue of Conflicts of Interest has been discussed with this councilor and the following actions been taken:
A	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.
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demonstration of the second	
-	n 1+Ol
Staf	f signature: $\frac{M \sim L + GL}{2019}$
Date	::

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



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I have reviewed the list of applicants, and I have an ACTUAL OR POTENTIAL conflict of interest. I
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Describe Here:
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If at any time during the recommendation process I discover a conflict of interest, I will disclose that conflict immediately to appropriate Council personnel.
Council member's printed name: Nan Fabian  Council member's signature: Nan Fabian
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 actions have been taken:
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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: MM+96-
Date: 6/20/2019
Revised: June, 2014

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STATE OF THE PROPERTY OF	tify that I have read and understand the above description of conflict of interest (check one of the boxes below):
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		Describe Here:
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		Describe Here:
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imn	nedi	y time during the recommendation process I discover a conflict of interest, I will disclose that conflict ately to appropriate Council personnel.
Coı	unci	I member's printed name:
000	ai ioi	Date: (27/19
7	This	s section to be completed by council staff:
I	cer	tify that the issue of Conflicts of Interest has been discussed with this councilor and the following actions been taken:
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-		
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-		
S	Staff	Signature:
		: 7/10/2019
		Revised: June, 2014

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Coun	cil member's printed name: MARK Holsten cil member's signature:
	Date:
Th	nis section to be completed by council staff:
	ertify that the issue of Conflicts of Interest has been discussed with this councilor and the following actions ve been taken:
卤	
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	Councilor has disclosed a conflict(s) and will not be participating in the recommendation process in any manner.
	en to accept on the same of the contract seeks produced brooks of the bear and the entry of the contract of th
-	
Sta	aff signature: MM ——————————————————————————————————
Da	te: $\frac{10/07/2019}{}$
	Revised: June, 2014

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Page 1 of 2 Conflict of Interest Form v4 – M.L. 2015 (OVER)

Describe

Here:

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

Describe

Here:

□ I am UNABLE to participate in this recommendation process.

If at any time during the recommendation process I discover a conflict of interest, I will disclose that conflict immediately to appropriate Council personnel.

Council member's printed

name: Andrew Lang

Council member's

signature:

Date 8/5/2019 (mus)

#### 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:

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Signature: MM 14-96
Date 8/5/2019

Revised: June, 2014

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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
    - □ 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.)

the recommendation process.

Describe Here:
☐ I have a possible PERCEIVED conflict of interest.(Describe the nature of the perceived conflict of interest.)
Describe Here:
□ I am UNABLE to participate in this recommendation process.
If at any time during the recommendation process I discover a conflict of interest, I will disclose that conflict immediately to appropriate Council personnel.
Council member's printed name: And Mariana Council member's gignetime.
Council member's signature:
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 estimated their times and policies and so beauting and the solution of the solution and their solutions of the solutions of the solutions and the solutions of the solutions
Staff signature: Mala-M
Date: $6/20/2019$
Revised: June, 2014

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

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- (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.

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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.)

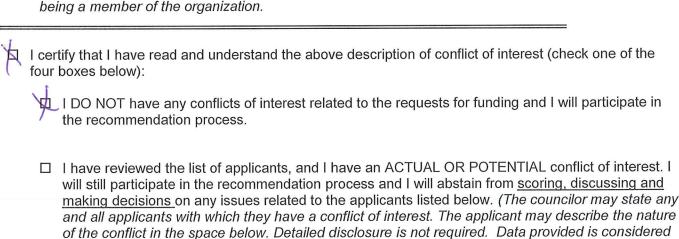
□ I have a possible PERCEIVED conflict of interest. (Describe the nature of the perceived conflict of interest.)
Describe Here:
□ I am UNABLE to participate in this recommendation process.
time during the recommendation process I discover a conflict of interest, I will disclose that conflict ately to appropriate Council personnel.
member's printed name: Ashley J. Refers  member's signature: Date: Spt. 4, 2019
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.
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	Describe Here:
	☐ I am UNABLE to participate in this recommendation process.
	ny time during the recommendation process I discover a conflict of interest, I will disclose that conflict liately to appropriate Council personnel.
Counc	il member's printed name: JOM QXM QU9
Counc	il member's signature:
Thi	s section to be completed by council staff:
	rtify that the issue of Conflicts of Interest has been discussed with this councilor and the following actions e been taken:
M	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 manner.
Stot	Fraignature: M. 16-91
Date	or 9/6/2014
Date	Revised: June, 2014

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four	tify that I have read and understand the above description of conflict of interest (check one of the boxes below):  7/22/2019 MWT - pre +s/phns on// w/ Ron I DO NOT have any conflicts of interest related to the requests for funding and I will participate in the recommendation process.
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	Describe Here:
	☐ I am UNABLE to participate in this recommendation process.
imm	cil member's printed name:
	cil member's printed name:
Cot	Date: 9,19
7	nis section to be completed by council staff:
	pertify that the issue of Conflicts of Interest has been discussed with this councilor and the following actions we been taken:
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	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.
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5	aff signature:
I	nte: 7/22/20/9  Revised: June, 2014
	Revised. June, 2017

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	Describe Here:
	☐ I am UNABLE to participate in this recommendation process.
lf at imm	ny time during the recommendation process I discover a conflict of interest, I will disclose that conflict diately to appropriate Council personnel.
	sil member's printed name: JAME SWENSON
Cou	sil member's signature:
	Date: 7-15-19
T	is section to be completed by council staff:
	ertify that the issue of Conflicts of Interest has been discussed with this councilor and the following actions we been taken:
è	Councilor has no conflict(s) and will fully participate in the recommendation process.
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_	
-	
-	
-	
S	ff signature:
	te: 7/22/2019
	Revised: June, 2014

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	il member's printed name:  Date:
Thi	s section to be completed by council staff:
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区	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 manner.
-	
-	
	M 14-01
3000	f signature: Martine Jan
Date	e: 7/22/2019  Revised: June, 2014