This form gives council members an opportunity to disclose any actual, potential or perceived conflicts of interest that exist during the upcoming recommendation process. It is the council member's obligation to be familiar with the Conflict of Interest Policy for the Lessard-Sams Outdoor Heritage Council (LSOHC) and to disclose any conflicts of interest. The council member is not required to explain the reason for a conflict of interest. The information is considered public data under Minn. Statute 13.599. This completed form will be posted to the LSOHC website. A disclosure does not automatically result in the council member being removed from the council recommendation process.

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

Description of conflicts of interest- A conflict of interest occurs when the council member or others affiliated with the council believes any one of the following conditions exists:

- (a) A council member uses his/her status or position to obtain <u>special</u> advantage, benefit, or access to the person making a request for funding or the requesting entity's time, services, facilities, equipment, supplies, badge, uniform, prestige, or influence.
- (b) A council member receives or accepts money or anything of value from someone making a request for funding or has equity or a financial interest in or partial or whole ownership of an applicant organization.
- (c) A council member is an employee or board member of an organization requesting funding or is a family member of anyone employed by or a board member of the applying organization.
- (d) Specific to LSOHC council members, statute provides M.S.97A.056, Subd. 4. Conflict of interest.
 (a) A council member may not be an advocate for or against a council action or vote on any action that may be a conflict of interest. A conflict of interest must be disclosed as soon as it is discovered. The council shall follow the policies and requirements related to conflicts of interest developed by the Office of Grants Management under section 16B.98. (See above)
 - (b) For the purposes of this section, a "conflict of interest" exists when a person has an organizational conflict of interest or direct financial interests and those interests present the appearance that it will be difficult for the person to impartially fulfill the person's duty. An "organizational conflict of interest" exists when a person has an affiliation with an organization that is subject to council activities, which presents the appearance of a conflict between organizational interests and council member duties. An "organizational conflict of interest" does not exist if the person's only affiliation with an organization is being a member of the organization.

□ I certi four	ify that I have read and understand the above description of conflict of interest (check one of the boxes below):
	I DO NOT have any conflicts of interest related to the requests for funding and I will participate in the recommendation process.
	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.)

3	Describe Here: I have accepted a position with the Ruffed Grouse Society and the American Woodcock Society and will start that position on Monday, September 28. I also am just finishing a role with the Natio
-	Audubon Society and as such, will not be making recommendations related to their proposals.
	☐ I have a possible PERCEIVED conflict of interest.(Describe the nature of the perceived conflict of interest.)
-	Describe Here:
_	☐ I am UNABLE to participate in this recommendation process.
any nedia	time during the recommendation process I discover a conflict of interest, I will disclose that conflict tely to appropriate Council personnel.
ıncil	member's printed name: Ashley J. Peters
ıncil	member's signature: Awlurf: FR
	Date: September 23, 2020
	section to be completed by council staff: ify that the issue of Conflicts of Interest has been discussed with this councilor and the following actions
nave	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.
J	Councilor has disclosed a conflict(s) and will not be participating in the recommendation process in any manner.
taff	signature: Mah Ste
ate:	9/23/2020
	Revised: June, 2014

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

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: Proposals from Audubon	
☐ 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: David Hartwell	
Council member's signature: Date: 7 (26/20)	
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 acti- have been taken:	ons
☐ 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 recommendation process. The councilor has been instructed to avoid discussing with other councilor the applicant and / or requests from agencies with which the councilor has a conflict of interest of so form.	rs
Councilor has disclosed a conflict(s) and will not be participating in the recommendation process in a manner.	any
$M \cup V \cap I$	
Staff signature:	
Date:	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.

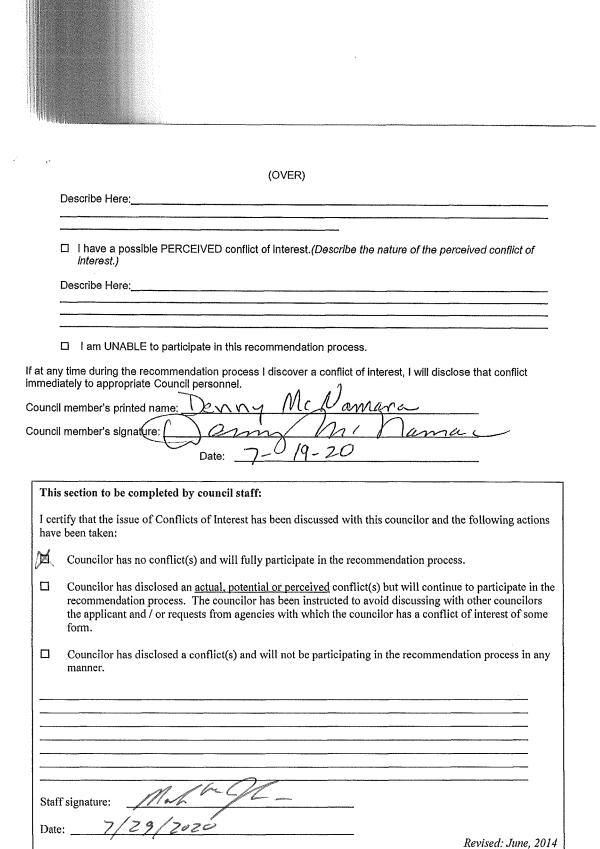
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Ш		tiry that I have read and understand the above description of conflict of interest (check one of the boxes below):
	×	I DO NOT have any conflicts of interest related to the requests for funding and I will participate in the recommendation process.
		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

46.41.611

public information.)



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		¹ / ₂
X	l cer four	tify that I have read and understand the above description of conflict of interest (check one of the boxes below):
	X	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. (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: TAMIE SWENSON
Council member's printed name: TAMIE SWENSON Council member's signature:
Date: 16-JUL-2020
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.
Staff signature: Mal & Ol —
Staff signature: Mal 12/2020 Date:
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):		
	Ø	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.(Descinterest.)	ribe the nature of the perceived conflict of
Describe Here:	
☐ I am UNABLE to participate in this recommendation pro	ocess.
f at any time during the recommendation process I discover a cont mmediately to appropriate Council personnel.	
Council member's printed name: Kristin Eggerlin	g
Council member's signature: kristin J Eggerling	
Date:	
This section to be completed by council staff:	
I certify that the issue of Conflicts of Interest has been discussed have been taken:	with this councilor and the following actions
Councilor has no conflict(s) and will fully participate in the	e recommendation process.
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 partic manner.	ipating in the recommendation process in any
Staff signature:	
Date: 7/29/2020	 Revised: June, 2014

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public information.)

_	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.
	time during the recommendation process I discover a conflict of interest, I will disclose that conflict ately to appropriate Council personnel.
Council	member's printed name: MARK Holsten
Council	member's signature:
	Date: 7-16-20
This	section to be completed by council staff:
	ify that the issue of Conflicts of Interest has been discussed with this councilor and the following actions been taken:
R	Councilor has no conflict(s) and will fully participate in the recommendation process.
	Councilor has disclosed an <u>actual</u> , <u>potential or perceived</u> conflict(s) but will continue to participate in the recommendation process. The councilor has been instructed to avoid discussing with other councilors the applicant and / or requests from agencies with which the councilor has a conflict of interest of some form.
	Councilor has disclosed a conflict(s) and will not be participating in the recommendation process in any manner.
Staff	signature: Mala-Th
Date:	
Date.	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 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.(Describe the nature of the perceived conflict of interest.)
	Describe Here:
	□ I am UNABLE to participate in this recommendation process.
nmedi	time during the recommendation process I discover a conflict of interest, I will disclose that conflict ately to appropriate Council personnel.
Council	member's printed name:
Council	member's signature: Naw Fabran
This	section to be completed by council staff:
	tify that the issue of Conflicts of Interest has been discussed with this councilor and the following actions been taken:
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	Councilor has disclosed a conflict(s) and will not be participating in the recommendation process in any manner.
Staff	Signature: Mah - / E
Date	:

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Z		I certify that I have read and understand the above description of conflict of interest (check one of the four boxes below):	
	Ø	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.(Describe the nature of the perceived conflict of interest.)
	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:
Counc	il member's printed name:
	Date:
Thi	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 e been taken:
R	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.
Staf	ff signature: Mah 1-96_
Date	
Dat	Revised: June, 2014

This form gives council members an opportunity to disclose any actual, potential or perceived conflicts of interest that exist during the upcoming recommendation process. It is the council member's obligation to be familiar with the Conflict of Interest Policy for the Lessard-Sams Outdoor Heritage Council (LSOHC) and to disclose any conflicts of interest. The council member is not required to explain the reason for a conflict of interest. The information is considered public data under Minn. Statute 13.599. This completed form will be posted to the LSOHC website. A disclosure does not automatically result in the council member being removed from the council recommendation process.

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

Description of conflicts of interest- A conflict of interest occurs when the council member or others affiliated with the council believes any one of the following conditions exists:

- (a) A council member uses his/her status or position to obtain <u>special</u> advantage, benefit, or access to the person making a request for funding or the requesting entity's time, services, facilities, equipment, supplies, badge, uniform, prestige, or influence.
- (b) A council member receives or accepts money or anything of value from someone making a request for funding or has equity or a financial interest in or partial or whole ownership of an applicant organization.
- (c) A council member is an employee or board member of an organization requesting funding or is a family member of anyone employed by or a board member of the applying organization.
- (d) Specific to LSOHC council members, statute provides M.S.97A.056, Subd. 4. Conflict of interest.
 (a) A council member may not be an advocate for or against a council action or vote on any action that may be a conflict of interest. A conflict of interest must be disclosed as soon as it is discovered. The council shall follow the policies and requirements related to conflicts of interest developed by the Office of Grants Management under section 16B.98. (See above)
 - (b) For the purposes of this section, a "conflict of interest" exists when a person has an organizational conflict of interest or direct financial interests and those interests present the appearance that it will be difficult for the person to impartially fulfill the person's duty. An "organizational conflict of interest" exists when a person has an affiliation with an organization that is subject to council activities, which presents the appearance of a conflict between organizational interests and council member duties. An "organizational conflict of interest" does not exist if the person's only affiliation with an organization is being a member of the organization.

I certify that I have read and understand the above description of conflict of interest (check one of the four boxes below):		Э
×	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. 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 a 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.)	ny re

 □ I have a possible PERCEIVED conflict of interest.(Describe the nature of the perceived confinterest.) Describe Here:	Tict of
☐ 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 cor immediately to appropriate Council personnel.	flict
Council member's printed name: Andrew Lang	
Council member's printed name: Andrew Lang Council member's signature:	
Date: 201-4-20	
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 have been taken:	actions
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 particip recommendation process. The councilor has been instructed to avoid discussing with other count the applicant and / or requests from agencies with which the councilor has a conflict of interest of form.	****
Councilor has disclosed a conflict(s) and will not be participating in the recommendation proces manner.	s in any
and in the	
Staff signature:	
Date:	ne, 2014

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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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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
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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.(Describe the nature of the perceived conflict of interest.)
	Describe Here:
	☐ I am UNABLE to participate in this recommendation process.
mmed Counc	il member's signature: Date:
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:
文	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.
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Staf	ff signature:
Date	
	Revised: June, 2014

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1	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.
insmedi Council	name during the recommendation process I discover a conflict of interest, I will disclose that conflict ately to appropriate Council personnel. I amember's printed name. I amember's signature. Date 7-11-12020
Leer	section to be completed by council staff: tify that the issue of Conflicts of Interest has been discussed with this councilor and the following actions been taken:
X	Councilor has no conflict(s) and will fully participate in the recommendation process
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Sanf	Toppolone: Mahare
Date	Revised June, 2014

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Cescribe He	ro:
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El Thave a interest.)	possible PERCEIVED conflict of interest (Describe the nature of the perceived conflict of
Describe He	re:
C) am UN	IABLE to participate in this recommandation⊰rocess
immediately to appr	the recommendation process I discover a conflict of litterest I will disclose that conflict repriate Council personnel.
Council Inember's p	printed name: JAMIR BELLEV-FINN
Council member's s	signature: 100 B.7
	signature: An B. 7 Date: 8-4-20
This section to	be completed by council staff:
I certify that the have been taken	issue of Conflicts of Interest has been discussed with this councilor and the following a
Councilor	has no conflict(s) and will fully participate in the recommendation process.
recomme	r has disclosed an actual, potential or perceived conflict(s) but will continue to participal addition process. The councilor has been instructed to avoid discussing with other councilor and / or requests from agencies with which the councilor has a conflict of interest councilor has a conflict of interest councilor.
Councilor unamer.	r has disclosed a conflict(s) and will not be participating in the recommendation proce
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Staff signature	Mathyle -
Date:&	3/4/2026
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