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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.

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:

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- (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)
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I certify that I have read and understand the above description of conflict of interest (check one of the

×	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.)

our boxes below):

☐ I have a possible PERCEIVED conflict of interest.(Desinterest.)	scribe the nature of the perceived conflict of
Describe Here:	
☐ I am UNABLE to participate in this recommendation	process.
any time during the recommendation process I discover a co	onflict of interest, I will disclose that conflict
uncil member's printed name:	- HNM
uncil member's printed name: Uncil member's signature: Date: 7-15-21	
Date: 7-15-21	
20 000	
This section to be completed by council staff:	y 14-e following actions
	1 -: the this councilor and the following actions
I certify that the issue of Conflicts of Interest has been discus	ssed with this councilor and are 2000.
have been taken:	
have been taken: Councilor has no conflict(s) and will fully participate i	in the recommendation process.
have been taken: Councilor has no conflict(s) and will fully participate i	in the recommendation process.
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DE	ering a member of the organization.
I ce four	rtify that I have read and understand the above description of conflict of interest (check one of the boxes below):
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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

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	□ I have a possible PERCEIVED conflict of interest (Pagaribe the nature of the name) and conflict of
	 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.
	y time during the recommendation process I discover a conflict of interest, I will disclose that conflict iately to appropriate Council personnel.
unc	I member's printed name: D. Scott DIBBLE
	il member's signature:
	Date: 7/12/2021
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 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 an manner.
Staf	f signature:

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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.										
f at any time during the recommendation process I discover a conflict of interest, I will disclose that conflict mmediately to appropriate Council personnel.										
Council member's printed name: Dudley L. Edmondson										
Council member's printed name: Dudley L. Edmondson Council member's signature: Dudley J. Edmondson										
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:										
☐ Councilor has no conflict(s) and will fully participate in the recommendation process.										
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Staff signature:										
Date: Revised: June, 2014										

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	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	ny time during the recommendation process I discover a conflict of interest, I will disclose that conflict diately to appropriate Council personnel.
Counc	il member's printed name: Kristin Eggerling
Counc	il member's signature: Kristin J Eggerling
	Date: July 14, 2021
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 be 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.
Stat	ff signature:
Dat	re:
	Revised: June, 2014

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Describe Here: HAID, HRED8
□ 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: Dasid Hartwell
Council member's signature:
Date: 7/12/21
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.
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Staff signature:
Date:

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mmed	ny time during the recommendation process I discover a conflict of interest, I will disclose that conflict diately to appropriate Council personnel.
Counc	cil member's printed name: Josh Heintzeman cil member's signature:
Counc	cil member's signature:
	Date: 07/19/2021
Th	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:
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	Councilor has disclosed a conflict(s) and will not be participating in the recommendation process in any manner.
Sta	ff signature:
Dat	te:
	Revised: June, 2014

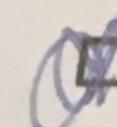
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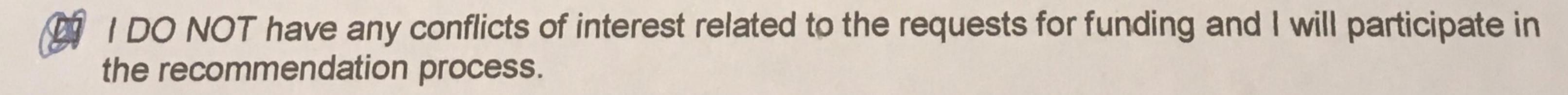
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I certify that I have read and understand the above description of conflict of interest (check one of the four boxes below):



I 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.)

(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: MARK HolsTen Council member's signature: Date: 7-19-21 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 actual, potential or perceived 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:

Date: ____

posted to the LSOHC website. A disclosure does not automatically result in the council member being 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 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 This form gives council members an opportunity to disclose any actual, potential or perceived conflicts of 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.

- person making a request for funding or the requesting entity's time, services, facilities, equipment, supplies, (a) A council member uses his/her status or position to obtain special advantage, benefit, or access to the 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.
- council shall follow the policies and requirements related to conflicts of interest developed by the Office (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 (d) Specific to LSOHC council members, statute provides M.S.97A.056, Subd. 4. Conflict of interest. of Grants Management under section 16B.98. (See above)
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lict of interest (check one of the	or funding and I will participate in	R POTENTIAL conflict of interest. I tain from scoring, discussing and elow. (The councilor may state any applicant may describe the nature ired. Data provided is considered
certify that I have read and understand the above description of conflict of interest (check one of the ur boxes below):	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 <u>scoring</u> , <u>discussing and making decisions</u> 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.)
certify that I have our boxes below):	DO NOT I	☐ I have reviewed the will still participate is making decisions of and all applicants we of the conflict in the public information.)

Describe Here: At Describe Her		eived conflict of			e that conflict		1 1		following actions	to participate in the other councilors of interest of some	tion process in any				Revised: June, 2014
	7/4		Describe Here:		t any time during the recommendation process I discover a conflict of interest, I will disclos nediately to appropriate Council personnel.	uncil member's printed name: Auflie R. Laug		This section to be completed by council staff:	l certify that the issue of Conflicts of Interest has been discussed with this councilor and that been taken:					Staff sionature.	Date:
					If at inn	Cor	So					1 1	1 1 1	1 0.	-

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.

X	ty 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: I was an employee of the National Audubon Society and Audubon Minnesota until Sept. 25, 2020. Due to the recent nature of that employment, I will not be providing a score or funding
		recommendations for HRE 08.
		☐ 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.
		y time during the recommendation process I discover a conflict of interest, I will disclose that conflict iately to appropriate Council personnel.
Cou	ınci	il member's printed name:Ashley J. Peters
Cou	unci	il member's signature: July J: Fix
	[il member's signature: fulluf. Date: 07/15/2021
	Γhi	s section to be completed by council staff:
l	[ce	rtify that the issue of Conflicts of Interest has been discussed with this councilor and the following actions
		e 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.
_		
-		
-		
-		
5	Staf	f signature:
I	Date	e:
		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 members in not required to explain the reason for a conflict of interest. The information is considered public data under <u>Mann. Statute 13.993</u>. This completed form will be provided for the council members and the council members being provided for the provided form of the council members being council for commendation 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.

- (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.
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 - (b) For the purposes of this section, a "conflict of intenset" 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.

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

- IDO 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 gooting, 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: Describe Here:
ij	Describe Horse
	Describe nere
	☐ I am UNABLE to participate in this recommendation process.
t any	y time during the recommendation process I discover a conflict of interest, I will disclose that conflict lately to appropriate Council personnel.
uncil	I member's printed name: TAS SAXHAUG
	member's signature: 12-2021
This	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 action e been taken:
	Councilor has no conflict(s) and will fully participate in the recommendation process.
	Councilor has disclosed an <u>actual, 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.
0	Councilor has disclosed a conflict(s) and will not be participating in the recommendation process in any manner.
Staf	T signature:

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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.

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:

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 - (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.

l cer four	tify that I have read and understand the above description of conflict of interest (check one of the boxes below):
A	+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

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	□ I have a possible PERCEIVED conflict of interest (Describe the nature of the perceived conflict of interest.)
	Describe Here:
medi	I am UNABLE to participate in this recommendation process. If y time during the recommendation process I discover a conflict of interest, I will disclose that conflict interest inter
I cer	e been taken:
I cer	rify that the issue of Conflicts of Interest has been discussed with this councilor and the following action e been taken: Councilor has no conflict(s) and will fully participate in the recommendation process. Councilor has disclosed an <u>actual 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.
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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. will still participate in the recommendation process and I will abstain from scoring, discussing and

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

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	☐ 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.
t an ned	y time during the recommendation process I discover a conflict of interest, I will disclose that conflict ately to appropriate Council personnel.
unci	member's printed name: JAMIE SWENSON
	member's signature:
u110.	Date: 07-14-2021
	Date.
Thi	section to be completed by council staff:
I cei	tify that the issue of Conflicts of Interest has been discussed with this councilor and the following actions
have	been taken:
have	
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