Lessard-Sams Outdoor Heritage Council
Conflict of Interest Disclosure Form

Check the following boxes:

☑ I certify that I have read and understand the above descriptions of conflict of interest.

☑ I certify that I have reviewed the list of applicants and the proposal requests.

☑ I certify that if at any time, I discover a conflict of interest, I will disclose that conflict immediately to appropriate Council personnel.

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 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 Council member 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 the actual or potential conflict of interest:

☐ I have a **possible perceived conflict of interest**.

Describe the nature of the possible perceived conflict of interest:

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☐ I am unsure if I have an actual, potential, or possible perceived conflict of interest.

Provide any further details that may be useful in evaluating possible conflicts of interest:

Council member's printed name:	Sen. Andrew Lang
Council member's signature:	
Date:	

This section to be completed by Council staff:

I certify that the issue of Conflicts of Interest has been discussed with this Council member and the following actions have been taken:

☐ Council member has no conflict(s) and will fully participate in the recommendation process.

☐ Council member has disclosed an actual, potential or perceived conflict(s) but will continue to participate in the recommendation process. The Council member has been instructed to avoid discussing with other members, the applicant and/or requests from agencies with which the Council member has a conflict of interest of some form.

☐ Council member has disclosed a conflict(s) and will not be participating in the recommendation process in any manner.

Staff signature:	
Date:	