

Lessard Council Member Conflict of Interest Disclosure

This form gives LOHC members an opportunity to disclose any conflicts of interest, or potential for conflicts of interest that exist during a request review process. It is the member's obligation to be familiar with the Conflict of Interest Policy for State Grant-Making and to disclose any conflicts of interest. The member 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. **A disclosure does not automatically result in the member 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 request *(fill in program name)*

Description of conflicts of interest- A conflict of interest shall be deemed to exist when a review of the situation by the member or other council personnel determines any one of the following conditions to be present:

- (a) A member uses his/her status or position to obtain special advantage, benefit, or access to the applicant's time, services, facilities, equipment, supplies, badge, uniform, prestige, or influence.
- (b) A member receives or accepts money or anything else of value from an applicant or has equity or a financial interest in or partial or whole ownership of an applicant organization.
- (c) A member is an employee or board member of an applicant or is a family¹ member of anyone involved in the grantee or grant applicant's agency.

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

I do not have any conflicts of interest relating to this program and I will participate in the review process.

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 member 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.)*

¹ Such persons as habitually reside under one roof and form one domestic circle, or such persons as are dependent on each other for support of among whom there is legal or equitable obligations to furnish support.

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.

Member's printed name: _____

Member's signature: _____

Date: _____

This section to be completed by Lessard Council Chair:

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

- Member has no conflict(s) and will fully participate in the review process.
- Member has disclosed a 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.
- Member has disclosed a conflict(s) and will not be participating in the review process in any manner.

Chair: _____

Date: _____