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.

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

Des	cribe	Here:
003		11010.

□ 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: Mark Holsten

Date: 7/17/2024

#### 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:

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.
- □ Councilor has disclosed a conflict(s) and will not be participating in the recommendation process in any manner.

Staff signature: *MAPP*Date: 7/23/24

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.

**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.
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	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:	
☐ I have a possible PERCEIVED conflict of interest.(Describe the nature of the perceived confinerest.)  Describe Here:	nflict 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 commediately to appropriate Council personnel.	onflict
Council member's printed name: Jamie Swenson  Council member's signature:	
Date: 7-17-2024	
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:  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 applicant and / or requests from agencies with which the councilor has a conflict of interest form.	cipate in the
Councilor has disclosed a conflict(s) and will not be participating in the recommendation procumanner.	cess in any
Staff signature:	
Date:	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.
lf at an immed	y time during the recommendation process I discover a conflict of interest, I will disclose that conflict iately to appropriate Council personnel.
Counci Counci	il member's printed name: Ron Schara il member's signature:
	Date: 6/22/24
I cer	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:
M	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.
0	Councilor has disclosed a conflict(s) and will not be participating in the recommendation process in any manner.
3====	
Staff	f signature: Ml+GH-
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 t four boxes below):		of the
	■ I DO NOT have any conflicts of interest related to the requests for funding and I will partic the recommendation process.	ipate in
	☐ I have reviewed the list of applicants, and I have an ACTUAL OR POTENTIAL conflict of i will still participate in the recommendation process and I will abstain from scoring, discuss	sing 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.
lf at ar immed	ny time during the recommendation process I discover a conflict of interest, I will disclose that conflict diately to appropriate Council personnel.
	cil member's printed name: Tom Saxhaug
Counc	cil member's signature:
	Date:
Thi	is section to be completed by council staff:
I ce hav	ertify that the issue of Conflicts of Interest has been discussed with this councilor and the following actions we been taken:
X	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.
	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: Malla Glasse
Date	e:
	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.	
		A OTHER OR POTENTIAL conflict of interest	

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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 an mmedi	y time during the recommendation process I discover a conflict of interest, I will disclose that conflict iately to appropriate Council personnel.
	I member's printed name: Andrew R Lang
Counci	I member's signature:Andrew R. Lang
	Date: 17 JULY 2024
I cer have	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 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 Date	Signature: Mah G

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•	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:
	☐ 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 ar	☐ 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 diately to appropriate Council personnel.
	cil member's printed name: Senator Foung Hawj
Counc	Date: 7/17/2024
I ce	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 to 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.
<u> </u>	
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-	
Staf	f signature: MM GC-
Date	e: 7/23/24
	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.
If at an immed	y time during the recommendation process I discover a conflict of interest, I will disclose that conflict iately to appropriate Council personnel.
Counci	I member's printed name: david hartwell  I member's signature:  Date: 7/11/24
This	s section to be completed by council staff:
I cer have	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.
	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.
	Councilor has disclosed a conflict(s) and will not be participating in the recommendation process in any manner.
8	
Staff	signature: MAVAL —
Date:	- land land
	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):
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    - □ 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 ar immed	ny time during the recommendation process I discover a conflict of interest, I will disclose that conflict diately to appropriate Council personnel.
	il member's printed name: Kristin Eggerling
Counc	il member's signature:
	Date: <u>July 12, 2024</u>
Thi	is section to be completed by council staff:
I 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, 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	f signature: Makingk
Date	
Dail	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.

- (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):
    - 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 <a href="scoring">scoring</a>, discussing and <a href="mailto:making decisions">making decisions</a> 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: <u>Dudley Edmondson</u>
Council member's signature:
Date: <u>7/10/24</u>
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:
Staff signature:  Date: 7/23/24
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.

•		rtify that I have read and understand the above description of conflict of interest (check one of the boxes below):
	8	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.
f at ar mmed	I am UNABLE to participate in this recommendation process.  The during the recommendation process I discover a conflict of interest, I will disclose that conflict by to appropriate Council personnel.  The during the recommendation process I discover a conflict of interest, I will disclose that conflict by to appropriate Council personnel.  The during the recommendation process I discover a conflict of interest, I will disclose that conflict by to appropriate Council personnel.  The during the recommendation process.  The during the recommendation process I discover a conflict of interest, I will disclose that co
Counc	I member's printed name: John Burkel
Counc	I member's signature:
	Date: 6/19/24
I ce	tify that the issue of Conflicts of Interest has been discussed with this councilor and the following actions
I ce	

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.

- (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.

▣	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:	
☐ I have a possible PERCEIVED conflict of interest.(Describe the nature of the perceived conflict of interest.)	f
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: Suzanne C Baird  Council member's signature:  Date: 7/10/24	
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, 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 sor form.	rs
Councilor has disclosed a conflict(s) and will not be participating in the recommendation process in a manner.	any
Staff signature:	
Date: 7/23/24	
Revised: June, 2	014

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.

- (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 168.98. (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):
  - 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 PERCE(VED 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 litely to appropriate Council personnel.
Council	member's printed name: Leon Lillia
Council i	nember's signature:
This se	ection to be completed by council staff:
have be	that the issue of Conflicts of Interest has been discussed with this councilor and the following actions en taken:  puncilor has no conflict(s) and will fully participate in the recommendation process.
□ Co	nuncilor has disclosed an <u>actual, potential or perceived</u> conflict(s) but will continue to participate in the commendation process. The councilor has been instructed to avoid discussing with other councilors applicant and for requests from agencies with which the councilor has a conflict of interest of some
	incilor has disclosed a conflict(s) and will not be participating in the recommendation process in ar iner.
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