

# Utah Developmental Disabilities Council Conflict-Of-Interest Declaration

“Types of interests to be considered to be conflict of interests include relationships or interest with persons, business enterprises or non-profit, professional, charitable, religious, social, educational, recreational, environmental, public service or civic organizations:

1. With which you are connected as a member, employee, officer, owner, director, trustee, partner, advisor or consultant;
2. In which you have any continuing financial interests as a creditor or through ownership of stock, bonds or other securities, owners of real property or rights in lands, or through a pension or retirement plan, sharing income or otherwise;
3. To which you are indebted financially.”

*Handbook for Members of the Utah State Boards and Committees pg. 19, 2002 Edition.*

|  |                                       |
|--|---------------------------------------|
| <b>NAME</b>  | <b>DATE</b>                           |
| <b>COUNCIL MEMBER STATEMENT</b>  |                                       |
|  |                                       |
| <b>CONFLICT OF INTEREST ACTIVITY</b>   |                                       |
| Name of Organization:  | Position Title:                       |
| Duties:  |                                       |
|  |                                       |
| <input type="checkbox"/> Employed <input type="checkbox"/> Volunteer   | Work Schedule: Hours worked per week: |
| Expected duration of employment / volunteer activity / other:  |                                       |
| Relationship Disclosure:   | Name:                                 |
|  | Relationship:                         |
| Other Disclosure:  |                                       |
| <b>CERTIFICATION STATEMENT FOR THE UTAH DEVELOPMENTAL DISABILITIES COUNCIL REGARDING TRAVEL AND MILEAGE REIMBURSEMENT.</b>   |                                       |
| I _____ do hereby certify that as a member of the Utah Developmental Disabilities Council and an employee or member of _____, that I have not nor will I accept remuneration for the cost of travel or mileage in my duties as a member of the Council that are reimbursed by my agency/school district. |                                       |
| Date _____, 20   |                                       |
| <b>ACTIONS TAKEN TO ENSURE THAT CONFLICTS OR POTENTIAL CONFLICTS WILL NOT OCCUR</b>  |                                       |
|  |                                       |
| <b>EXECUTIVE COMMITTEE ACTION</b>  |                                       |
| <input type="checkbox"/> Conflict Of Interest Exists <input type="checkbox"/> Conflict Of Interest Does NOT Exist  |                                       |
| Action:  |                                       |
|  |                                       |
| Chairperson Signature _____  | Date _____                            |