Minnesota Council for HIV/AIDS Care and Prevention

A conflict of interest arises when a member of the council is expected to participate in a decision making process in which that member must represent two potentially competing interests; the member's own interest in another entity and the member's responsibilities as a member of the council. It is recognized that in this situation the member, in participating in decisions regarding a relationship between the entity and the council, cannot appropriately meet his or her responsibilities to both the entity and the council.

For purposes of this policy, the following definitions apply:

A member of the council has an interest in a particular transaction or decision if they or a member of their immediate family;

(a) is an employee or a director, trustee, or officer of, or has a significant financial or influential interest in an entity which is in a position to benefit from a decision of the council, or

(b) is otherwise reasonably likely to gain a significant financial or other personal benefit as a result of a decision or action of the council.

Members of the council shall manage a potential conflict of interest as follows:

(a) Members of the council shall, upon appointment to the council, disclose in writing all interests as defined previously. The member is obligated to update this report any time an additional interest is identified.

(b) The council member must recuse themselves from voting and note a conflict of interest on any matter in which they have an interest. It is the duty of the member to identify the presence of that interest prior to abstaining from voting, without necessarily publicly specifying the interest.

(c) If at any time the interest or interests of a council member are so significantly in conflict with the mission of the council so as to significantly limit participation, the appointing authority may remove the member from the council.

Individuals serving on the council who have a financial interest in or are members of a public or private entity seeking Part A or Part B funding, will not participate directly or in an advisory capacity, in the process of selecting entities to receive Part A or Part B funding within that particular service category.

The council may not be directly involved in the administration of the Part A or Part B grants (i.e., managing provider contracts). This does not apply to the council's administrative support services.

The council may not designate particular entities as recipients of any amounts of Part A or Part B funding (i.e. naming or approving particular entities to receive funding) other than council support.

☐ **I have no known affiliations that present a conflict of interest.**

☐ **I have a conflict of interest for the following service areas (check all that apply):**

☐ ADAP Treatments	☐ Housing Services	☐ Non-Medical Case Management
☐ Early Intervention Services	☐ Legal Services	☐ Oral Health Care
☐ Emergency Financial Assistance	☐ Linguistics Services	☐ Outpatient Healthcare Services
☐ Food Bank/Home Delivered Meals	☐ Medical Case Management	☐ Outreach Services
☐ Health Education/Risk Reduction	☐ Medical Nutrition Therapy	☐ Psychosocial Support
☐ Health Insurance Premium & Cost Sharing Assistance	☐ Medical Transportation Services	☐ Referral for Health Care/Supportive Services
☐ Home & Community-Based Health Services	☐ Mental Health Services	☐ Substance Abuse Services (Outpatient)

I have a conflict of interest because (check all that apply):

☐ I am an employee, an officer, a director, a contractor, or have other financial interests in an agency that is receiving or is seeking funds from Part A or Part B for the service areas checked above.

☐ I am a trustee, on the governing board, or a member of the board of directors of an agency that is receiving or is seeking funds from Part A or Part B for the service areas checked above.

☐ I am an immediate relative of an employee, officer, a director, a contractor, a trustee, a board member or someone who with a significant financial or influential interests in an agency that is receiving or is seeking for funds from Part A or Part B for the service areas checked above.

I, _____, affirm that I have read the above and agree to manage my participation on the council accordingly. I understand that it is my obligation to keep this form updated with any changes in my affiliation with respect to Conflict of Interest.

_____ _____

Signature of council / committee member Date