

2022/23 PRIORITY SETTING & RESOURCE ALLOCATION

CONFLICT OF INTEREST DECLARATION

For Planning Council Members



Print First Name

Print Last Name

Street Address

City

State

Zip Code

Email Address

Home Phone Number

Cell Phone Number

What is your preferred method for receiving notifications from Planning Council Support Staff? (Check all that apply)

- USPS Mail Email Home Phone Cell Phone/Text Message

CONFLICT OF INTEREST DECLARATION

Planning Council members will be considered to have a conflict of interest if they themselves, their relative, their spouse, or their domestic partner have an interest in issues to be discussed that might affect:

- A profit or non-profit organization in which they have a financial interest in or is serving as an officer, director, trustee, partner, paid employee, or consultant; and/or,
- A public agency in which they are serving as a paid employee or consultant; and/or
- Any person or organization with whom they are negotiating or has an existing arrangement concerning prospective employment.

A relative is defined as the spouse, child, child's child, parent, grandparent, brother, or sister of the whole or half blood and their spouses, and the parent, brother, sister or child of a spouse of a Council member. Unmarried domestic partners of Council members are regarded in the same manner as a spouse. Generally, conflict of interest does not refer to Persons Living with HIV whose sole relationship to a Ryan White Part A service provider is as a person receiving services, or as an uncompensated volunteer working less than 30 hours per week.

I have a conflict of interest in the following service category(s) because I/my relative/my spouse/my domestic partner serve as an officer, director, trustee, partner, paid employee, or consultant for an organization funded for one or more of the following service Ryan White Part A funded service category(s):

- | | |
|--|---|
| <input type="checkbox"/> AIDS Pharmaceutical Assistance Local | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Early Intervention Services | <input type="checkbox"/> Non-Medical Case Management |
| <input type="checkbox"/> Emergency Financial Assistance | <input type="checkbox"/> Oral Health Services |
| <input type="checkbox"/> Food Bank/Home Delivered Meals | <input type="checkbox"/> Outpatient Ambulatory Health Services |
| <input type="checkbox"/> Health Insurance Premium/Cost Sharing | <input type="checkbox"/> Referral for Healthcare & Support Services |
| <input type="checkbox"/> Medical Case Management | <input type="checkbox"/> Substance Abuse Service - Outpatient |
| <input type="checkbox"/> Medical Transportation | |

I have a conflict of interest because I/my relative/my spouse/my domestic partner:

- Serve as an officer, director, trustee, partner, paid employee, or consultant of a profit or non-profit organization receiving funds from Ryan White Part A; and/or
- Serve as an officer, director, trustee, partner, paid employee, or consultant of public agency receiving funds from Part A; and/or
- Have an existing arrangement concerning prospective employment with a profit, non-profit, or public agency/organization receiving funds from Part A.

I do not have a conflict of interest, and I: (check one)

- RECEIVE** Ryan White Part A services.
- DO NOT** receive Ryan White Part A services.

It will be the responsibility of each Planning Council member and the Executive Committee of the Planning Council to determine whether a conflict of interest exists. If a Planning Council member's conflict of interest change, they must announce the change at meetings as soon as it occurs and resubmit this form with the changes as soon as possible.

I hereby state that, to the best of my knowledge, information, and belief, I shall abstain from voting on issues that directly relate to or appear to relate to an action that may result, or appear to result in personal, organizational, or professional gain. I agree to abstain from voting on the processes and the issues of the Planning Council that present a conflict of interest as determined above.

Planning Council Member Print Name

Planning Council Member Signature

Date