**This document is only required from not for profit organizations ONLY**: *In accordance with the**N.C.G.S. 143C-6-23 (b),**every Grantee shall file with the State agency/Grantor a copy of the Grantee's agency policy addressing conflicts of interest that may arise involving the Grantee's management employees and the members of its board of directors or other governing body. The policy shall address situations in which any of these individuals may directly or indirectly benefit, except as the Grantee's employees or members of its board or other governing body, from the Grantee's disbursing of State funds and shall include actions to be taken by the Grantee or the individual, or both to avoid conflicts of interest and the appearance of impropriety. Agency conflict of interest policy shall be submitted to the Department of Public Safety (DPS) to avoid any delay with the disbursement of DPS JCPC funds.*

*The Grantee shall submit this form (Not for Profit DPS Conflict of Interest Policy Statement Form DPS 13 001) along with the agency’s conflict of interest policy when applying for funding.*

Accordingly, no member or board member of the private, nonprofit entity may receive directly or indirectly, any funds received from the State of North Carolina, except for duly, authorized staff compensation and benefits, and reimbursement for expenses actually incurred in connection with the private, nonprofit entity’s business and in accordance with final approved grant agreements.

WHEREAS, ***(Name of entity) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** desires to require its Board of Directors and managing employees to avoid conflicts of interest or the appearance of impropriety in the disbursement of State funds;

THEREFORE, no member of the Board of Directors or staff members of said private, nonprofit entity shall participate in the solicitation, negotiation, formation, award, arbitration, modification, or settlement of any contract or grant funded in whole or in part by State funds or of any dispute arising under such contract or grant when the director or staff members stands to benefit, either directly or indirectly, from such grant or contract;

PROVIDED, no member of the Board of Directors or staff members shall be deemed to benefit directly or indirectly from any contract or grant funded in whole or in part by State funds if he/she receives only the salary or stipend due to him/her in the normal course of employment with, or service to, said private, nonprofit entity.

FURTHERMORE, said private, nonprofit entity has written conflict of interest policies and reporting procedures applicable to board members, staff members and volunteers who have any interest or any authority regarding the resources of the private, nonprofit entity. These policies have been communicated to board members, staff members and volunteers and full disclosure has been provided for any possible appearance of conflict of interest that may exist.

The following serves to identify and document any personal interest staff members, officers, and members of the Board of Directors may have. This document is also to be used to disclose any transactions that may result in personal, financial, professional and/or political gain at the expense of DPS. The statement requires that all personal relationships that may inappropriately influence (bias) actions be disclosed. Relationships, be it personal, financial, professional and/or political are required to be disclosed to DPS. Conflict means a conflict or the appearance of a conflict between the private interests and official responsibilities of a person in a position of trust. Persons in a position of trust include staff members or the Board of Directors.

**Private, nonprofit entities shall make full disclosure by notice in writing to the full Governing Board/Council all conflicts of interest, if “yes” is answered to any of the following, see page 3: (Check all that apply)**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| 1. A Board member is related to a staff member. |  |  |
| 1. A staff member in a supervisory capacity is related to another staff member whom he/she supervises. |  |  |
| 1. A staff member is related to another staff member. |  |  |
| 1. A board member or staff member has or may have personal, financial, professional, and/or political gain at the expense or benefit of the private, nonprofit entity. |  |  |
| 1. There is a business entity in which a staff, board, or family member participates that may be viewed as having direct or indirect influence over the private, nonprofit entity’s business. |  |  |
| 1. A staff, board, or family member may be viewed as having direct or indirect financial gain from personal or business investments/interest in real property held by that staff, board, or family member. |  |  |
| 1. A staff or board member received honorarium or other compensation outside of the scope of employment/operations with the private, nonprofit entity that creates or appears to create bias. |  |  |
| 1. A staff or board member secured employment with a competitor or other similar private, nonprofit entity. |  |  |
| 1. Ongoing, paid consulting work outside of the staff member’s current employment or board member’s with your private, nonprofit entity exists. |  |  |

1. If “yes” is checked to any of the aforementioned items, the JCPC Program Manager and Board Chair must ensure details for any transaction that exists are described and attached to this form.

1. If this statement fails to list a transaction that may exist that is non-financial in nature, please attach details.

3. Details must include at least the name, and, address, or persons involved, and a description of the relationship and the transaction.

**Note: Failure to disclose any conflict of interest transaction that exists or is potential within your private, nonprofit entity may result in the cessation of any further DPS JCPC State funds.**

|  |  |  |  |
| --- | --- | --- | --- |
| County: | |  | |
|  | |  | |
| Agency’s Name:  (Legal Applicant) | |  | |
|  | |  | |
| Federal Tax ID #: | |  | |
|  | |  | |
| Private, Nonprofit  Entity Name: | |  | |
| Executive Director’s Name: | Print |  | (Date of Signature) |
| Sign |  |
|  | | | |
| Board Chair’s  Name: | Print |  | (Date of Signature) |
| Sign |  |

Sworn to and subscribed before me on the

Day of the date of said certification

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature -Notary Public Date