



Policy: P-16

Date Effective: 9/18/17

### **Conflict of Interest Policy Statement – Upstate Workforce Board**

- A. According to the Workforce Innovation and Opportunity Act;  
A member of a local board may not -
  - 1. vote on a matter under consideration by the local board –
    - a) regarding the provision of services by such member (or by an entity that such member represents); or
    - b) that would provide direct financial benefit to such member or the immediate family of such member.
  
- B. For your information and guidance, reference is also made to SC Code of Laws, 1976, as amended Section 8-13-100 (26), which defines a public member, and to sections 8-13-700, et. seq., and the opinions and case law and notes attached thereto, which state and illustrate the rules of conduct (copies of which are being provided).
  
- C. The Upstate Workforce Board requires its Board Members, Directors, Committee Members, Staff Members, and certain Consultants to sign, complete, and update a Conflict of Interest Form annually and/or as otherwise required and approved by the Upstate Workforce Board.

No member of the Upstate Workforce Board of Directors, or any of its Committees, shall derive any personal profit or gain, directly or indirectly, by reason of his or her participation in the work of the Upstate Workforce Board. Each individual shall disclose any personal interest which he or she may have in any matter pending and shall refrain from participation in any decision related to or on such matter.

Any member of the Board, any Committee or Staff who is an officer, board member, a committee member or staff member of the Upstate Workforce Board shall identify his or her affiliation with such agency or agencies; further, in connection with any organization, business or institution, he/she shall not participate in the decision affecting that agency and the decision must be made and/or ratified by the full board. This form should be signed upon entry on the board, staff hiring and prior to spending WIOA funds with certain consultants. This should be reviewed with all committee members prior to application review process for program procurement to ensure that the disclosure is updated.

At this time, I am a Board member, a committee member, or an employee of the following organizations:

_____	_____
_____	_____
_____	_____
_____	_____

D. I further state that I, except as described below, am not now nor at any time during the past year have been:

- 1) A participant, directly or indirectly, in any arrangement, agreement, investment, or other activity with any vendor, supplier, or other party; doing business with the Upstate Workforce Board which has resulted or could result in personal benefit to me.
  
- 2) A recipient, directly or indirectly, of any salary payments or loans or gifts of any kind or any free service or discounts or other fees from or on behalf of any person or organization engaged in any transaction with the Upstate Workforce Board.

EXCEPTIONS ARE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify to the best of my knowledge that the herein statements are true and accurate as of the date of my signing and agree to update or amend this statement as necessary or appropriate.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_