

## **DISTRICT SUPERVISORS' INVOLVEMENT AS COST SHARE CONTRACTORS**

### **STATEMENT OF INTENT**

District Supervisors provide invaluable leadership for the Commission's cost share programs. Local district boards determine how cost share funds are allocated to cooperators. Because this responsibility has been entrusted to districts, supervisors need to be aware of the potential for the appearance of a conflict of interest or an actual conflict of interest.

To ensure full disclosure, State General Statutes require Commission approval for district supervisors to receive costs share funds.

Many supervisors own and/or operate construction businesses and perform services that are needed to implement cost share contracts. Because a district supervisor could personally benefit from performing services on cost share contracts, the Commission has determined a *district supervisor performing contract services for state cost share contracts has the appearance of or may actually be a conflict of interest.*

This policy is not intended to restrict or impede a district supervisor's business dealings nor is it intended to replace or supersede any other duty or responsibility to disclose conflicts of interest that are required of district supervisors by law. The purpose is to avoid the possibility of a district supervisor intentionally or unintentionally influencing the outcome of any action on any application for which he or she may be a potential contractor or supplier.

### **STATEMENT OF POLICY**

District supervisors providing contracted services for hire for cost share contracts must file a statement disclosing the type of services he or she may provide to a cost share participant. This statement must be kept in the district file and a copy submitted to the Commission and kept on file in the Division. In addition, the supervisor shall not vote on the approval or denial of any cost share application with the intent to influence the outcome of any action on any application for which he or she may be a potential contractor or supplier.

This policy applies to all district supervisors.

## DISTRICT SUPERVISOR DISCLOSURE FORM

The purpose of this form is to aid district supervisors in completing the required disclosure pursuant to Commission Policy Addressing District Supervisors' Involvement as Cost Share Contractors (policy attached). This form should be completed before an appointed or elected district supervisor begins responsibilities with the district. It should be updated annually by all district supervisors.

I acknowledge that I have read the policy and that (please initial one statement):

\_\_\_ I do not own, operate, or receive a benefit from a business that performs or may perform paid services related to the implementation of Cost Share Agreements. Proceed to Section 2, initial item (a), and have your signature notarized.

\_\_\_ I own, operate, or receive a direct benefit from a business that performs or may perform paid services related to the implementation of Cost Share Agreements. Please complete the remainder of this form under Sections 1 and 2.

### Section 1

This section should be completed by those district supervisors that own, operate, or receive a benefit from a business that performs or may perform paid services related to the implementation of Cost Share Agreements. Please complete each question below to the best of your knowledge, consulting the district and/or Division for the required information if necessary. Additional pages may be attached to this form.

Please provide below the name(s) of any business you own, operate, or receive a direct benefit from that performs, may perform, or provides paid services for Cost Share Agreements approved within the district for which you are a supervisor. Also include the types of services offered and your affiliation with the business(es).

Business Name	Type of Service	Affiliation
Example: Tom Smith Excavators	Example: Grading service	Example: Wife owns business

If the business with which you are associated currently provides or has been retained to provide paid services related to the implementation of a Cost Share Agreement, please complete and submit a **District Supervisor Disclosure Addendum**.

Commission Cost Share Programs

**Section 2**

By signing below I further acknowledge that:

- (a) I am under a continuing duty to update this information to ensure the accuracy and completeness of the information.
- (b) I shall not vote on the approval or denial of any Cost Share Agreement application with the intent to unduly influence the outcome of any action on any application for which I may be a potential contractor, supplier, or receive personal gain.
- (c) I shall provide notice at the next scheduled board of supervisors' meeting and shall provide an amendment to this form when a business that I own, operate and/or receive benefit from is contracted to perform paid services for a Cost Share Contract that I voted to approve.

This original signed document must be submitted and kept on file in the district office for which you are a supervisor. You must also provide a copy to the Commission to be kept on file in the Division office. Forms should be submitted to the Division as soon as possible after election or appointment or before February 28 of each year.

**I hereby certify, that I have completed this disclosure including any attachments thereto and that the information provided on the disclosure and any attachments is true, correct, and complete to the best of my knowledge and belief.**

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SIGNATURE OF DISTRICT SUPERVISOR

Commission Cost Share Programs

**District Supervisor Disclosure Addendum**

<p>Cooperator Name and Contract Number: <a href="#">Example: John Smith Contract # 09-2008-01for BMP "ABC"</a></p> <p>Type of service provided: <a href="#">Example: grading services</a></p> <p>Did you vote on this Cost Share Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you voted to approve the Cost Share Agreement, please note whether your business was retained pre- or post- approval. <a href="#">Example: I participated in the approval of this contract for Cost Share funding in September 2009. I was contacted by the cooperator in October 2009 to perform the grading work because the cooperator could not find another grading contractor.</a></p>
<p>Cooperator Name and Contract Number:</p> <p>Type of service provided:</p> <p>Did you vote on this Cost Share Contract? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you voted to approve the Cost Share Contract, please note whether your business was retained pre- or post-contract approval.</p> <p>Supervisor Name: _____ Signature: _____</p>
<p>Cooperator Name and Contract Number:</p> <p>Type of service provided:</p> <p>Did you vote on this Cost Share Contract? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you voted to approve the Cost Share Contract, please note whether your business was retained pre- or post-contract approval.</p> <p>Supervisor Name: _____ Signature: _____</p>