

## CONFLICT OF INTEREST STATEMENT

Conflict of Interest - Every member must comply with the Workforce West Virginia Guidance Notice 1-16.

- (A) General – No Board member, officer, employee or agent of the WDB shall:
1. Cast a vote on the provision of service under the job training plan by that member, by any member of his or her family, or by any organization of which that member or any member of his or her family is an officer, owner, or employee, or
  2. Vote on any matter which would provide direct financial benefit to that member, or
  3. Participate in the award or administration of any grant or contract that is funded through the job training plan, where he or she knows that any of the following has a financial interest in the person or organization that will receive or has received that grant or contract:
    - (a) the officer, employee or agent; (b) any family member of the officer, employee, or agent; (c) any partner of the officer, employee, or agent or (d) any person or organization that employs, or is about to employ, any person described in (a), (b), or (c).
- (B) No Preclusion – The Board shall not be precluded from conducting business with a partnership, firm or company with which one or more member is associated, provided that any business relationship is established and maintained on an arm’s length basis and meets any otherwise applicable legal requirements relating to conflicts.
- (C) Disclosure Requirements – If, during the course of a meeting of the Board, a member is aware that he or she has or may have an actual potential conflict of interest in the matter under discussion, the Board members shall immediately disclose the material facts about his or her interest in the matter to the Board, if not already known to the Board.
- (D) Procedure Determining the Existence of a Conflict – In the event that the Board concludes that a conflict exists, the Chairman or the majority of disinterested members present may appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement which presents the conflict. Alternatively, the Board may approve the transaction or arrangement which is the subject matter of the conflict by an affirmative vote of the majority of the members of disinterested members present, provided that they have determined (i) that the transaction or arrangement is in the Board’s best interest and for its own benefit and (ii) that it is fair and reasonable to the Board.
- (E) Violation of Policy – Any Board member or employee who violates its conflict of interest policy shall be subject to the disciplinary action by the Chair or the Board, up to and including termination of employment, if applicable, or removal from the Board or the committee thereof of the member.
- (F) This Conflict of Interest Policy is an addition to and not exclusive of other conflict of interest legal requirements that exist both under state and federal law. In the event of a conflict of interest question, appropriate review of all other applicable conflict of interest requirements should be made.

**Statement of Certification**

I have read the Region VI Workforce Development Board bylaws (stated above) on Conflict of Interest and understand that I must adhere to the above.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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**CONFIDENTIALITY STATEMENT**

I will withhold confidential information from persons, including, but not limited to: relatives, friends, colleagues, and others, not accorded access to privileged information that I have received by virtue of my position on the Region VI Workforce Development Board and/or Local Elected Official's Board.

**Statement of Certification**

I acknowledge that I have read and understand that I must adhere to the confidentiality statement.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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**DISCLOSURES**

(Please answer the following questions as they relate to Calendar Year 20\_\_.)

Did you receive or accrue compensation from any organization for services rendered to Region VI?

\_\_\_ No \_\_\_ Yes (If Yes, please check one or more below as applicable.)

I am an officer/director/board member/shareholder/key employee of :

\_\_\_ A Region VI WDB-Approved Training Provider

\_\_\_ A Region VI Sub-Contractor

\_\_\_ A business with whom Region VI does more than \$500 in purchases yearly

\_\_\_ Other (Please briefly describe here the organization and the services provided :  
\_\_\_\_\_  
\_\_\_\_\_

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Have you, as an officer, director, board member, or key employee of the Region VI Workforce Development Board/Local Elected Official's Board, have a family relationship or a business relationship with any other officer, director, trustee, or key employee of the Region VI Workforce Development Board/Local Elected Official's Board?

\_\_\_ No \_\_\_ Yes (If Yes, please briefly describe the relationship here.)  
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Signature: \_\_\_\_\_

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