

DECLARATION OF INTEREST STATEMENT

*Community Services Commission, Early Childhood Care and
Education Board, Senior Citizens Advisory Committee*

The City of Madison Code of Ethics (Madison General Ordinance Sec 3.47) and the Community Services Commission Conflict of Interest Policies require disclosure of situations that conflict with the best interests of the City and conflict with or are incompatible with Commission members' proper discharge of duties and required independence of judgment. At the beginning of their terms, and at the beginning of each annual funding cycle, members shall disclose in writing to the Chair and Secretary of the Commission any relationships they and/or any member of their families may have with organizations requesting or receiving funding from the City of Madison, through the Office of Community Services.

The questions below are designed to help you and the Commission decide if possible conflicts of interest exist. The questions cover you and your immediate family. Immediate family means: 1) An individual's spouse or designated family or registered domestic partner, or 2) An individual's relative by marriage, lineal descent or adoption who receives, directly or indirectly, more than one-half of her or his support from the individual or from whom the individual receives, directly or indirectly, more than one-half of her or his support.

Commission refers to the Community Services Commission, the Early Childhood Care and Education Board and the Senior Citizens Advisory Committee. **Category** refers to categories within the Community Services Commission Conflict of Interest Policies.

Name: _____ Member of ☐ Community Services Commission
☐ Early Childhood Care and Education Board
☐ Senior Citizens Advisory Committee

Category 2: Organizational Membership

1. Are you and/or any member of your immediate family a member, volunteer or founder of any organization(s) receiving or seeking funding from the Commission? **Yes** _____ **No** _____
If **yes**, please name the organization(s) and explain your role or status.

If **yes**, do you believe your identification with this (these) organizations(s) would impair your ability to exercise independent judgment in making funding recommendations? **Yes** _____ **No** _____

Category 3: Direct Pecuniary Interest

2. Do you or will you and/or any member of your immediate family personally receive funding allocated by or requested of the Commission by an organization(s)? **Yes** _____ **No** _____
If **yes**, please name the organization and the funding you receive or expect to receive.

Category 4: Direct Organizational Interest

3. Do you and/or any member of your immediate family have formal or effective responsibility for any actions or decisions within any organization(s) receiving or requesting funding from the Commission? **Yes** _____ **No** _____
If **yes**, please explain your position and responsibilities and for which organizations(s).

Category 5: Participation in Writing or Initiating a Proposal

- 4A. Have you and/or any member of your immediate family participated in the development and/or writing of a proposal requesting funding from the Commission? **Yes** _____ **No** _____
If **yes**, please define your level of activity. Include name of organization(s) and proposal(s).
- 4B. Have you and/or any member of your immediate family initiated or reviewed a proposal written by another party/organization that will be submitted to the Commission? **Yes** _____ **No** _____
If **yes**, please name the party/organization(s), the proposal(s) and your role.

If **yes** to either of the above, do you believe that your identification and/or participation in the initiation or review of a proposal would impair your ability to exercise independent judgment in making a funding recommendation?
Yes _____ **No** _____

Category 6: Personal Interests

4. Are there any additional personal interests, facts or circumstances involving you and/or members of your immediate family which you feel should be disclosed? **Yes** _____ **No** _____
If **yes**, please explain the nature of the personal interest and the organization.

If **yes**, do you believe that any disclosed personal interest would impair your ability to exercise independent judgment in making a funding recommendation? **Yes** _____ **No** _____

In signing this Declaration of Interest Statement, I attest that my answers are true and complete. I understand as well that I am bound by the City of Madison Ethics Code (Madison General Ordinance Sec 347), and by Sec. 946.13 Wis. Stats., which forbids private pecuniary interest in public contracts.

Signature

Date