

**Appendix B: Washtenaw County Community Mental Health
Board of Directors Conflict of Interest Disclosure Statement**

Definitions

Covered Person. Covered Person means:

- (a) Members of the Washtenaw County Community Mental Health (WCCMH) Board;
- (b) WCCMH officers; and
- (c) Members of committees of the Board with delegated authority from the Board.

Conflict of Interest. A Conflict of Interest arises when a Covered Person, the Covered Person's Family Member or an organization, in which the Covered Person is serving as an officer, director, trustee or employee, has a Financial Interest with the WCCMH and that person participates or proposed to participate in a transaction, arrangement, proceeding or other matter with WCCMH.

Family Member means a spouse, parent, children (natural or adopted), sibling (whole or half-blood), father-in-law, mother-in-law, grandchildren, great grandchildren, and spouses of siblings, children, grandchildren, great grandchildren, and all step family members, wherever they reside, as any person(s) sharing the same living quarters in an intimate, personal relationship that could affect business decisions of the Covered Person in a manner that conflicts with this Policy.

Financial Interest. A Covered Person has a Financial Interest if he or she has, directly or indirectly, actually or potentially, through a business, investment or through a Family Member:

- (a) An actual or potential compensation arrangement with WCCMH, with which WCCMH has a transaction, arrangement, proceeding or other matter; or
- (b) An actual or potential ownership or investment interest in, compensation arrangement with, or serves in a governance or management capacity for the WCCMH, with which the WCCMH is contemplating or negotiating a transaction, arrangement, proceeding or other matter.

Compensation includes direct and indirect remuneration, in cash or in kind.

Affirmation of Conflict of Interest Policy

By my signature below, I agree that I:

Have received a copy of the WCCMH Conflict of Interest Policy;

Have read and understand the WCCMH Conflict of Interest Policy;

Understand that I am a Covered Person under the Conflict of Interest Policy;

Agree to comply with the WCCMH Conflict of Interest Policy;

Have disclosed below all Financial Interests which I may have; and

Will update the information I have provided on this Statement in the event that the information changes and/or a new Financial Interest arises.

Disclosure of Financial Interests

By my signature below, I certify that I or one of my Family Members has the Financial Interest(s) described below. (Please attach additional pages, if necessary.) I understand that the WCCMH Board may request further information about the Financial Interests described below, and that I agree to cooperate with providing such information. If I have not disclosed any information below, it is because I am not aware that I or any of my Family Members has a Financial Interest.

Disclosure #1

Name and Contact Information for Individual with Financial Interest:

Individual's Relationship to You Self

Other, specify: _____

Description for Financial Interest:

Disclosure #2

Name and Contact Information for Individual with Financial Interest:

Individual's Relationship to You Self

Other, specify: _____

Description for Financial Interest:

Disclosure #3

Name and Contact Information for Individual with Financial Interest:

Individual's Relationship to You [] Self

[] Other, specify: _____

Description for Financial Interest:

I certify that the above information is accurate and complete to the best of my knowledge, information, and belief.

Signature

Date

Typed or Printed Name

Title/Position within WCCMH

Please return this form, signed and dated, to the WCCMH Executive Director.