

Greater Baltimore HIV Health Services Planning Council

Disclosure and Conflict-of-Interest Form

The council has established conflict-of-interest and disclosure policies which are enforceable and consistent with state and local laws (refer to section 5.2.4 and 5.2.5 for those duties of the Executive Committee related to conflict of interest).

- 10.3.1. A council member will be considered aligned with an agency if he or she is an officer or employee of, a consultant to, or represents a potential subgrantee of, said agency. If he or she is none of these, he or she will be considered unaligned for federal reporting purposes.
- 10.3.2. A council member must disclose all conflicts of interest by stating, in writing, his or her (or his or her immediate family's) employment by, membership in, or other financial interest that exceeds \$1,000 in stipends, honoraria, gifts, wages, salaries or any other payment from, any agency. The council member must abstain from all voting on service categories pertaining to said agency. Payments received before the ratification of this clause will not be considered to contribute toward a conflict of interest.
- 10.3.3. A service category will be considered to pertain to an agency if the agency:
 - a. Has received Ryan White Part A or MAI funding in that service category in the twelve months preceding the vote in question,
 - b. Currently receives Ryan White part A or MAI funding in that service category, or
 - c. Plans to seek Ryan White Part A or MAI funding in that service category in the twelve months subsequent to the vote in question.
- 10.3.4. Even if a council member's involvement with an agency does not reach the \$1,000.01 conflict-of-interest threshold, as described in 10.3.2, the council member must still disclose to the planning council support office, in writing, all stipends, honoraria, gifts, wages, salaries or any other payment that exceed \$0 from an agency. After the initial disclosure, any sum over \$0 must thereafter be disclosed in writing to the planning council support office, whose staff will keep a running tally of the cumulative amount received per agency by said council member. Once the disclosed amount exceeds \$1,000, within the twelve-month period preceding a vote, the council member will be considered to be conflicted, per 10.3.2 hereof, and must abstain from all voting as there described. A member may fall into and out of conflict-of-interest status with the passage of time.
- 10.3.5. A proxy assumes all the conflicts of interest of the planning council member, or a member of his or her immediate family, for whom he or she is serving, in addition to his or her own conflicts of interest.
- 10.3.6. A member may serve on the planning council only if the individual agrees that, he or she will not vote on any matter in which he or she is conflicted.
- 10.3.7. Council members will submit a completed (signed) affidavit stating that they understand and will adhere to this policy.
- 10.3.8. The Executive Committee will establish and distribute to planning council members a written statement of rules and guidelines stipulating that a member may be recommended for removal from the council if she or he refuses to submit a disclosure and conflict-of-interest form, or fails to update said form in writing to the planning council support office per 10.3.4 hereof, or it is determined that the member knowingly included misinformation on said form, or it is determined that the member attempted to influence the council during its deliberations while knowing it was a conflict of interest to do so. A member may also be recommended for removal if he or she refuses to cooperate in a disclosure and conflict-of-interest review by the council or its agents.
- 10.3.9. The Executive Committee is the sole and final arbiter of what constitutes a conflict of interest.

1. Organizations Receiving Ryan White Part A Funding.

Please disclose all conflicts of interest by stating if you are an officer or employee of, a consultant to, or represent any of the following agencies (check each that applies on table 1(a)). A **conflict of interest** results from your employment by, officership of, membership in, or financial interest exceeding \$1,000 in stipends, honoraria, gifts, wages, salaries or any other payment from, any of these agencies. Where you have a conflict of interest, you may not vote.

In addition, you must make a **required disclosure** if your employment by, membership in, or financial interest exceeding \$0 in stipends, honoraria, gifts, wages, salaries or any other payment from, any of these agencies. (Check each that applies on table 1(b).) Disclosures of cumulative sums under \$1,000.01 will not bar you from voting.

You will be considered “aligned” with an agency if you are an officer or employee of, a consultant to, or represents a potential subgrantee of said agency. If you are none of these, you will be considered unaligned.

1(a). CONFLICT OF INTEREST (employment by, officership of, membership in, or financial interest exceeding \$1,000, in any of these agencies):

- | | |
|--|---|
| <input type="checkbox"/> AIDS Action Baltimore | <input type="checkbox"/> Joseph Richey Hospice |
| <input type="checkbox"/> AIDS Interfaith Residential Services | <input type="checkbox"/> Legal Aid Bureau |
| <input type="checkbox"/> Anne Arundel County Health Department | <input type="checkbox"/> Light Health and Wellness Comprehensive Services, Inc. |
| <input type="checkbox"/> Baltimore City Health Department | <input type="checkbox"/> Moveable Feast |
| <input type="checkbox"/> Baltimore County Health Department | <input type="checkbox"/> New Vision House of Hope |
| <input type="checkbox"/> Baltimore Substance Abuse Systems, Inc. | <input type="checkbox"/> Park West Medical Center |
| <input type="checkbox"/> Bon Secours Baltimore Health System | <input type="checkbox"/> People's Community Health Center |
| <input type="checkbox"/> Carroll County Health Department | <input type="checkbox"/> Project PLASE |
| <input type="checkbox"/> Chase Brexton Health Services | <input type="checkbox"/> Queen Anne's County Health Department |
| <input type="checkbox"/> Family Health Centers of Baltimore | <input type="checkbox"/> Sisters Together and Reaching (STAR) |
| <input type="checkbox"/> Harford County Health Department | <input type="checkbox"/> Taylor-Wilkes Group (Gay Family Foundation) |
| <input type="checkbox"/> Health Care for the Homeless | <input type="checkbox"/> Total Health Care |
| <input type="checkbox"/> Howard County Health Department | <input type="checkbox"/> Training Resources Network |
| <input type="checkbox"/> Johns Hopkins University/Hospital | <input type="checkbox"/> University of Maryland Medical Center |
| <input type="checkbox"/> InterGroup Services, Inc. | <input type="checkbox"/> Women Accepting Responsibility (WAR) |
| <input type="checkbox"/> Other: | <input type="checkbox"/> None |

1(b). REQUIRED DISCLOSURE (employment by, officership of, membership in, or financial interest exceeding \$0 but under \$1,000.01, in any of these agencies):

- | | |
|--|---|
| <input type="checkbox"/> AIDS Action Baltimore | <input type="checkbox"/> Joseph Richey Hospice |
| <input type="checkbox"/> AIDS Interfaith Residential Services | <input type="checkbox"/> Legal Aid Bureau |
| <input type="checkbox"/> Anne Arundel County Health Department | <input type="checkbox"/> Light Health and Wellness Comprehensive Services, Inc. |
| <input type="checkbox"/> Baltimore City Health Department | <input type="checkbox"/> Moveable Feast |
| <input type="checkbox"/> Baltimore County Health Department | <input type="checkbox"/> New Vision House of Hope |
| <input type="checkbox"/> Baltimore Substance Abuse Systems, Inc. | <input type="checkbox"/> Park West Medical Center |
| <input type="checkbox"/> Bon Secours Baltimore Health System | <input type="checkbox"/> People's Community Health Center |
| <input type="checkbox"/> Carroll County Health Department | <input type="checkbox"/> Project PLASE |
| <input type="checkbox"/> Chase Brexton Health Services | <input type="checkbox"/> Queen Anne's County Health Department |
| <input type="checkbox"/> Family Health Centers of Baltimore | <input type="checkbox"/> Sisters Together and Reaching (STAR) |
| <input type="checkbox"/> Harford County Health Department | <input type="checkbox"/> Taylor-Wilkes Group (Gay Family Foundation) |
| <input type="checkbox"/> Health Care for the Homeless | <input type="checkbox"/> Total Health Care |
| <input type="checkbox"/> Howard County Health Department | <input type="checkbox"/> Training Resources Network |
| <input type="checkbox"/> Johns Hopkins University/Hospital | <input type="checkbox"/> University of Maryland Medical Center |
| <input type="checkbox"/> InterGroup Services, Inc. | <input type="checkbox"/> Women Accepting Responsibility (WAR) |
| <input type="checkbox"/> Other: | <input type="checkbox"/> None |

2. Actual or Potential Conflicts — Immediate Family Members.

Please disclose if an immediate member of your family is an officer or employee of, a consultant to, or represents an agency that has, does or will may receive(s) Ryan White Part A or Minority AIDS Initiative services. I understand that my family members' conflicts will govern my action per table 3, below.

Agency:	Description:	Amount:

None

3. Stipends, Honoraria, Gifts, Wages, Salaries or Any Other Payment — Myself

I receive, or have received stipends over the past 12 months, or will receive over the next 12 months, honoraria, gifts, wages, salaries or any other payment from the following agencies. Please list the agency, a description of the payment and an dollar value. This table is used to determine if you are in conflict. As they occur, I will disclose to the planning council support office any additional stipends, honoraria, gifts, wages, salaries or other payments that I may in the future receive. If my disclosed amounts (cumulative over 12 months) exceed \$1,000 for any given agency, I will abstain from all voting on service categories pertaining to that agency.

Agency:	Description:	Amount:

None

Abstention from Voting

By signing this form, I hereby agree to abstain from voting on any motion presented before the planning council that directly or indirectly affects any organization in which I, or any member of my immediate family, hold a position or have a material or financial interest, as described on the first page of this form. If I designate a proxy to serve in my absence, the proxy will assume my conflicts of interest and must complete a separate disclosure and conflict-of-interest disclosure form to identify his or her conflicts.

Future Reporting

By signing this form, I hereby agree to promptly supply by report, without waiting to be asked to do so, to the chair of the planning council and the planning council support office, the occurrence of any event or the acceptance of any position that would render statements made herein inaccurate or incomplete in any respect.

Signature

I understand that the Executive Committee of the planning council is the sole and final arbiter of what constitutes a conflict of interest.

Name (please print): _____

Signature: _____ Date: _____