DEPARTMENT OF HEALTH

Applicant/Recipient Conflict of Interest Disclosure

The purpose of this form is to provide grant applicants and recipients a mechanism to disclose any actual, perceived or potential individual or organizational conflicts of interest that exist, as required by Minnesota Statutes, section 16B.98, subdivision 2-3; Minnesota Office of Grants Management (OGM) Grants Management Policies, Statutes, and Forms; and Code of Federal Regulations, title 2, section 200.112, Conflict of Interest. It is helpful if the applicant/recipient explains the reason for the conflict, but it is not required.

A disclosure will not automatically result in removal of the applicant/recipient.

Instructions

Read the descriptions below, mark the appropriate box(es) that pertain to you as the Applicant/Recipient as it relates to this funding, obtain Applicant/Recipient signature (Applicant/Recipient to determine appropriate signer).

Notice of Confidentiality

This form is required from every applicant/recipient and is considered public data under Minnesota Statutes, section 13.599.

MDH staff and external partners are required to comply with Minnesota Statutes, section 13.599, which states that all information, and details, relating to an RFP (if applicable) and applications (if applicable) are non-public until grant agreements are fully executed.

Conflicts of Interest

Conflicts of interest may be actual, potential, or perceived. An actual conflict of interest occurs when a person uses or attempts to use their official position to secure benefits, privileges, exemptions or advantages for self, relatives, or organization with which the person is associated which are different from those available to the general public (Minnesota Statutes, section 43A.38, subd. 5). A potential conflict of interest may exist if an applicant/recipient has relationships, affiliations, or other interests that could create an inappropriate influence if the person is called on to make a decision or recommendation that would affect one or more of those relationships, affiliations, or interests. A perceived conflict of interest is any situation in which a reasonable person would conclude that conflicting duties or loyalties exists. A conflict of interest may exist even if no unethical, improper or illegal act results from it.

The Minnesota Department of Health (MDH) recognizes that applicant/recipients must maintain relationships with other public and private sector entities in order to continue as a viable organization. MDH will take this into account as it evaluates the appropriateness of proposed measures to mitigate actual, potential, and perceived conflicts of interest. It is not MDH's intent to disqualify applicant/recipients based merely on the existence of a relationships with another entity, but rather only when such relationships cause a conflict that cannot be

mitigated. Nevertheless, MDH and its partners must follow federal regulation and statutory guidance on conflicts of interest.

Organizational Conflict of Interest

An **organizational conflict** of interest exists when, because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice, or a person's objectivity in performing the grant work is or might be otherwise impaired, or a person has an unfair competitive advantage.

An example of organizational conflict of interest includes, but is not limited to:

- Unequal Access to Information. Access to information that is classified as nonpublic data or is otherwise unavailable to the public could provide an entity a competitive advantage in a later competition for another grant. For example, a nonprofit entity, in the course of conducting grant work for the State, may be given access to information that is not available to the public such as government plans, opinions, interpretations or positions. This nonprofit entity cannot use this information to its advantage in securing a subsequent grant, and measures must be put into place to assure this. Such an advantage could be perceived as unfair by a competing entity who is not given similar access to the relevant information.

Individual Conflict of Interest

An **individual conflict** of interest occurs when any of the following conditions is present:

- An applicant/recipient, or any of its employees, uses their position to obtain special advantage, benefit, or access to MDH's time, services, facilities, equipment, supplies, prestige, or influence.
- An applicant/recipient, or any of its employees, receives or accepts money, or anything else of value, from another state grantee or grant applicant/recipient with respect to the specific project covered by this funding.
- An applicant/recipient, or any of its employees, has equity or a financial interest in, or partial or whole ownership of, a competing grant applicant/recipient organization.
- An applicant/recipient, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

Examples of individual conflict of interest include, but are not limited to:

- An individual owns Entity C and also sits on the board of Entity D, and both entities are applying to the same RFP.
- An employee or volunteer of the applicant/recipient has previously worked with MDH to create the "ground rules" for a solicitation by performing work such as, but not limited to: writing the RFP, preparing evaluation criteria, or evaluation guides for the RFP.
- An employee or volunteer of the applicant/recipient is compensated for serving on the board of a non-profit that may benefit from this work.

Instances in which an individual or applicant/recipient worked in a volunteer capacity with MDH should be evaluated on a case-by-case basis. Volunteer status has the potential to, but does not necessarily create a conflict of interest, depending on the nature of the relationship between the two parties. Volunteer is defined as "[a]n individual who performs hours of service for a public agency for civic, charitable, or humanitarian reasons, without promise, expectation or receipt of compensation for services rendered, is considered to be a volunteer during such hours" (Code of Federal Regulations, Title 29, section 553.101(a)).

Certification and signature required on next page.

Certification

Applicant/Recipient Name: _____

RFP Title (if applicable): _____

MDH Grant Program Name: _____

(Example: Women, Infants, and Children (WIC) Grant)

Select ONE of the following responses below:

☐ To the best of Applicant/Recipient's knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances that could give rise to individual or organizational conflicts of interest.

☐ Applicant/Recipient, or employees of Applicant/Recipient, have an actual, potential, or perceived conflict(s) of interest which are listed below.

To the best of Applicant/Recipient knowledge, write the names of entities/individuals with which the Applicant/Recipient have an actual, potential, or perceived conflict:

Name of entity/individual: _____

Relationship (e.g., volunteer, employee, contractor, family relation): _____

Description of conflict (optional): _____

**Add additional names on separate sheet as necessary.*

By signing in the space provided below, Applicant/Recipient certifies the following:

- If a conflict of interest is discovered at any time after submission of this form, Applicant/Recipient will immediately provide full disclosure in writing to MDH. If a conflict of interest is determined to exist, MDH may, at its discretion, take action.
- Applicant/Recipient will obtain, and keep record of, conflict of interest disclosure forms from any subgrantees or subcontractors and keep them on file.

Applicant/Recipient's Signature

Printed Name: _____

Title: _____

Signature: _____

Date: _____

MDH Program Use Only

This section to be completed by appropriate Grant Program staff.

☐ Applicant/Recipient has no conflict(s) of interest.

☐ Applicant/Recipient has disclosed conflict(s) of interest and appropriate MDH Program staff have reviewed the conflict(s) in accordance with Grants Conflict of Interest Standard. MDH Program has determined the conflict(s) can be mitigated as described below:

Mitigation Plan: _____

Example: Applicant's application will not be reviewed by External Partners with which they have a conflict.

☐ Applicant/Recipient has disclosed conflict(s) of interest and appropriate MDH Program staff have reviewed the conflict(s) in accordance with ST510.01. MDH Program has determined the conflict(s) cannot be mitigated. As such Applicant/Recipient will not move forward. MDH Program will communicate back to the Applicant/Recipient and keep documentation of such communication.

I certify that the conflict(s) has/have been discussed with this applicant/recipient and the actions above have been taken.

MDH Program's Signature

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Resources

- Minnesota Statutes, section 16B.98, subd 2-3 (https://www.revisor.mn.gov/statutes/cite/16B.98#stat.16B.98.2)
- Grants Management Policies, Statutes and Forms (https://mn.gov/admin/government/grants/policies-statutes-forms/)
- Code of Federal Regulations, title 2, section 200.112, Conflict of Interest (https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-B/section-200.112)
- Minnesota Statutes, section 13.599 (https://www.revisor.mn.gov/statutes/cite/13.599)
- Minnesota Statutes, section 43A.38, subdivision 5 (https://www.revisor.mn.gov/statutes/cite/43A.38)
- Code of Federal Regulations, title 29, section 553.101(a) (https://www.ecfr.gov/current/title-29/subtitle-B/chapter-V/subchapter-A/part-553/subpart-B/section-553.101)

For questions about this form:
Minnesota Department of Health
Grants Program
health.grantsoffice@state.mn.us
www.health.state.mn.us

7/13/2026

To obtain this information in a different format, contact: health.grantsoffice@state.mn.us.