Conflict of Interest Disclosure for Grant Application Reviewer

To obtain this information in a different format, call: 651-201-3581. Printed on recycled paper.

MDH Program Information

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Positive Alternatives Grant Program
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Background

This form gives grant application reviewers an opportunity to disclose any actual, potential or perceived conflicts of interest that may exist during a grant review process. It is the grant reviewer's obligation to be familiar with the Office of Grants Management (OGM) Policy 08-01, Conflict of Interest Policy for State Grant-Making and to disclose any conflicts of interest accordingly.

All grant reviewers **must** complete and sign a conflict of interest disclosure form. The grant reviewer must identify any grant applicant with which they have an actual, potential or perceived conflict, but is not required to explain the reason for the conflict of interest on this disclosure form as this form is considered public data under Minn. Statute 13.599- Grants, but must discuss with appropriate agency or grant program personnel. **A disclosure does not automatically result in the grant application reviewer being removed from the review process.**

Step 1 – Read Definitions

Please read the description of actual, potential, and perceived conflicts of interest below.

Actual conflict of interest

An actual conflict of interest shall be deemed to exist when a review of the situation by the grant reviewer or other agency personnel determines that a decision or action by the grant reviewer would compromise a duty to another party.

OGM Policy 08-01 also determines that an actual conflict of interest exists when any one of the following conditions to be present:

a) A state employee or a grant reviewer uses his/her status or position to obtain special advantage, benefit, or access to the grantee or grant applicant's time, services, facilities, equipment, supplies, badge, uniform, prestige, or influence.
b) A state employee or a grant reviewer receives or accepts money or anything else of value from a state grantee or grant applicant or has equity or a financial interest in or partial or whole ownership of an applicant organization.
c) A state employee or a grant reviewer is an employee or board member of a grant applicant or grantee applicants or is a family member of anyone involved in the grantee or grant applicant's agency.

Potential Conflict of Interest:

A potential conflict of interest may exist if a grant application reviewer has a relationship, affiliation, or other interest 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. For example, a grant reviewer that serves in a volunteer capacity for an applicant organization has the potential to, but does not necessarily create a conflict of interest, depending on the nature of the relationship between the two parties.

A disclosed potential conflict of interest warrants additional discussion between the grant reviewer and appropriate agency or grant program personnel in order to identify the nature of the relationship, affiliation, or other interest and mitigate any potential conflicts.

Perceived Conflict of Interest:

Per OGM Policy 08-01, a perceived conflict of interest is any situation in which a reasonable third party would conclude that conflicting duties or loyalties exist.

A disclosed perceived conflict of interest warrants additional discussion between the grant reviewer and appropriate agency or grant program personnel in order to identify and mitigate any perceived conflicts.

Step 2 – Mark the Appropriate Box

Please mark the appropriate boxes that pertain to you and your status as a reviewer of applications for this RFP.

As a grant reviewer, I certify that I have read and understand the description of conflict of interests explained above and in OGM Policy 08-01 and:

☐ I do not have any conflicts of interest relating to this program's grant applicants or proposed projects and I will participate in the review process.

OR

☐ I have reviewed the list of applicants, and I have an ACTUAL, POTENTIAL, or PERCEIVED conflict of interest with the applicant(s) listed below. I will still participate in the review process and I will abstain from scoring, discussing and making decisions on any issues in relation to the applicant(s) listed below.

- **Instructions:** The grant reviewer must state any and all applicants with which he/she has a conflict of interest and can choose to describe the nature of the conflict in the space above. A description is not required on this form since this form is considered public data. The grant reviewer must stop reviewing any applications he/she may have received and contact appropriate agency or grant program personnel to discuss the actual, potential, or perceived conflict in greater detail.
- **List of Applicants with whom I have a conflict of interest:**

  _____

  _____

  _____

AND/OR

☐ After reviewing the Conflict of Interest Disclosure Form and OGM Policy 08-01, I am UNABLE or CHOOSE NOT to participate in this review process.

Step 3 – Sign

If at any time during the review process I discover a conflict of interest, I will stop reviewing any grant applications I may have received and disclose that conflict immediately to appropriate agency or grant program personnel.

Pursuant to Minn. Stat. §13.599, I understand that grant evaluation data created or maintained during this grant evaluation process are not public and I cannot disclose the data to others outside of the process.

- **Reviewer's printed name:** _____
- **Reviewer's signature:** _____
- **Date:** _____
- **RFP Title and Grant Program Name:** Positive Alternatives Grant Program Request for Proposal

For MDH Program Use Only

This section to be completed by appropriate agency or grant program personnel (RFP contact person, grant program manager, and/or grant program supervisor):

I certify that the issue of Conflicts of Interest has been discussed with this reviewer and the following actions have been taken:

☐ Reviewer has disclosed no conflict(s) and will fully participate in the review process.

☐ Reviewer has disclosed an actual, potential, or perceived conflict(s) but will continue to participate in the review process. The reviewer will not be given any applications to review from those applicants with whom he/she has a conflict. The reviewer has been instructed to avoid discussing the applicant and / or applications from organizations with which the reviewer has disclosed a conflict of interest with other reviewers.

☐ Reviewer has disclosed a potential or perceived conflict(s) but after additional discussion and investigation by agency or grant program personnel it was determined that no conflict of interest exists and the reviewer will continue to fully participate in the review process.

☐ Reviewer has disclosed a conflict(s) and/or after reviewing the Conflict of Interest Disclosure Form and OGM Policy 08-01 has decided not to participate in the review process in any manner.

Additional Details or Comments from agency or grant program personnel:

- **Agency Staff role/position:** _____
- **Agency Staff name:** _____
- **Staff signature:** _____
- **Date:** _____

The Conflict of Interest Disclosure for Grant Application Reviewer Template was last updated by the Agency Project Planning Office 09/2017.