

CHILD & FAMILY RESOURCES

Conflict of Interest Policy

The purpose of this policy is to prevent the personal interests of all staff members, officers or Governing Board members from interfering with the performance of their responsibilities to Child & Family Resources and personal, financial, professional and/or political gain on the part of such persons at the expense of Child & Family Resources and/or clients' interest.

A. Definitions

The following terms, when capitalized, shall have meanings stated:

Conflicts of Interest (also Conflict) means a conflict, or the appearance of a conflict between the private interests and the official responsibilities of a person in a position of trust. Persons in a position of trust include Provider Agency Staff members, Officers or Governing Board members.

Governing Board (also Board) means a Provider Agency board, commission, council or other organizational body which signs the Contract, enacts Provider Agency policy regarding Contract services, and is responsible to the State Agency for the Contract compliance.

Staff Member means a person who receives all or part of his/her income from the Provider Agency's payroll.

Provider Agency means Child & Family Resources.

Specific Prohibitions

(a) In the event any of the following circumstances shall occur or exist, the Staff Member or member of the Governing Board to whom circumstances applies, shall disclose the precise nature of the circumstances at the first meeting occurring after the Staff Member or members of the Governing Body first knows of the circumstance shall be made by the staff Member or member of the Governing Board after written notification from the Staff Member or member of the Governing Body to the Chairman of the Governing Board of the precise nature of the circumstance.

1. A member of the Governing Board is related to another member of the Governing Board;
2. A member of the Governing Board is related to a Staff Member;
3. A member of the Governing Board is also a Staff Member;
4. A Staff Member in a supervisory capacity is related to another staff member he/she supervises;

5. A member of the Governing Board of a Staff Member receives payment from the Provider Agency for any sub-contracts, goods or services, such as consultants, laundry, maintenance, construction or remodeling;

6. A member of the Governing Board or a Staff Member is a member of the Governing Body of a contributor to the Provider Agency

7. A conflict of Interest occurs, as described below.

(b) A Staff Member, officer or Governing Board member shall not vote on any Provider Agency matter in which he or she has a personal interest in the outcome of the vote, shall not participate in any discussion of the Provider Agency matter and shall not attempt to influence any vote or discussion of the provider agency.

(c) In the event the Provider Agency matter is one of a continuing nature, it shall not be necessary to repeat the required disclosure at subsequent public meetings, but the individual must continue to reclude him/herself from all votes and discussions, as set out in paragraph (b) above.

(d) No Staff Member, office or Governing Board member shall participate in the selection, award or administration of a procurement transaction in which federal or state funds are involved and where the individual or any of the following have a financial interest in that transaction.

1. The Staff member, officer or Governing Board member;
2. Any member of his/her immediate family, including parents, children, siblings, spouse, grandparent, aunt, uncle, cousin, or other member of the individual's household;
3. his/her partner;
4. An organization in which any of the above is an officer, director of employee;
5. A person or organization with whom any of the above is negotiating or has any arrangement concerning prospective employment.

(e) No Staff Member, officer or Governing Board member should any as an officer or agent of the Provider Agency for the transaction of any business with himself or herself or in which he or she has a Conflict of Interest.

(f) No Staff Member, officer or Governing Board member should willfully disclose to any person or party for pecuniary gain, any information not generally available to members of the public which he or she receives or acquires in the course of his or her official duties.

(g) No Staff Member, officer or Governing Board member should have any interest, financial or otherwise, direct or indirect, or engage in a business or

transactions for professional activity which might reasonably be expected to impair his or her objectivity or create a substantial conflict with the proper discharge of his or her duties in the public interest.

(h) No Staff Member, officer or Governing Board member should use or attempt to use his or her official position to secure unwarranted privileges or advantages for himself or herself or others.

(I) No Staff Member, officer or Governing Board member should act in his or her official capacity in any matter wherein he or she has a direct or indirect interest that might reasonably be expected to impair his or her objectivity or independence of judgment.

(j) No Staff Member, officer or Governing Board member should accept from any person, directly or indirectly, or through his or her spouse or any member of his or her family any gift, favor, service, employment of other things of value under circumstances from which it might be reasonably inferred or which he or she knows or has reason to believe is offered to him or her with intent to influence his or her public duties and responsibilities.





**Child & Family Resources
OUTSIDE ACTIVITY APPROVAL REQUEST**

Employee Name	Address
Title	
1. Are you currently engaged or plan to engage in any business trade, profession and/employment outside of, or in addition to your employment with Child & Family Resources? <input type="checkbox"/> yes <input type="checkbox"/> no (if yes answer question 2)	
2 .Name of Outside Employer.	
Indicate if you are an owner, partner or corporate officer:	
Address:	Responsibilities:
Outside Employment: List days and hours you will be working:	
Start Date	End Date
Is your employment or business being performed for or with any other employee of Child & Family Resources? <input type="checkbox"/> yes <input type="checkbox"/> no Name of employee:	
Does your outside employment or business require/cause you to have contact with NJ State agencies, vendors, consultants or casino license holders? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain:	
3. Do you hold a license issued by a State agency that entitles you to engage in a particular business, profession, trade or occupation? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, type of license:	
When was license issued? Active or Inactive?	
4. Do you currently hold or plan to hold outside voluntary positions(s) which could, under certain circumstances, present a possible conflict with your official duties? <input type="checkbox"/> yes <input type="checkbox"/> not If yes, explain:	
5. Are you an officer in any professional organization? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain:	
6.Are you serving in any public office, or considering appointment or becoming a candidate for any public office: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, term expiration date:	
What is the nature of elective/appointive position?	
What are your duties?	

Days worked per week in elective/appointive activity:

7. Are any members of your immediate family employed by or, through partnership or corporate office, hold an interest in any firm performing any service for the State of New Jersey or directly receiving funding from the State? yes no

Family Member's Name:

Nature of Employment:

Duration:

I certify that this request contains no willful misstatement of fact or omission of material act and that after it is submitted; any future activity subject to disclosure will be reported before I engage in such activity.

Employee Signature:

Date:

Agency Recommendations and Approvals

Executive and/or Associate Director

Will Outside Employment or business interfere with employee's work performance?
 yes no If yes, explain:

Approval Disapproval Signature:

Date:

If Disapproval, explain: