

CONFLICT OF INTEREST DISCLOSURE FORM

All parties conducting business with the State of Illinois and/or Illinois Criminal Justice Information Authority (ICJIA), including award applicants and recipients of awards from the State of Illinois and/or ICJIA (collectively referred to herein as “Covered Parties”), must disclose in writing to ICJIA any actual or potential interest that could affect its relationship with the State and/or ICJIA. A conflict of interest exists if an organization’s officers, directors, agents, employees, and/or their spouses or immediate family members use their position(s) for a purpose that is, or gives the appearance of, being motivated by a desire for a personal gain, financial or nonfinancial, whether direct or indirect, for themselves or others, particularly those with whom they have a family business or other close associations. In addition, the following conflict of interest standards applies to governmental and non-governmental entities.

Definitions:

- Covered Party/Parties are all person to which this policy applies and includes, without limitation, ICJIA Board/Committee members, staff, current grantees (and key personnel), prospective grantee (and key personnel), subrecipients at any tier (and key personnel), subcontractors of ICJIA grantees, vendors, and merit-based reviewers. This Policy also applies to any application for funds from ICJIA, whether such funding is through a grant, cooperation agreement, or contract.
- Governmental Entity. If the Covered Party is a governmental entity, no officer or employee of the Covered Party, member of its governing body and any other public official of the locality in which affects his/her personal interest or the interest of any corporation, partnership or association in which he/she is directly or indirectly interested, or which affects the person interest of a spouse or immediate family member, or has any financial interest, direct or indirect, in the work to be performed under the respective transaction with ICJIA, including a State award.
- Non-governmental Entity. If the Covered Party is a non-governmental entity, no officer or employee of the Covered Party shall participate in any decision relating to the transaction with ICJIA, including, without limitations, a State award, which affects his/her interest or the interest of any corporation, partnership or association in which he/she is directly or indirectly interested, or which affects the personal interest of a spouse or immediate family member, or has any financial interest, direct or indirect, in the work to be performed under the respective transaction with ICJIA, including a State award.

The Covered Party shall also establish safeguards, evidenced by policies, rules, and/or bylaws, to prohibit employees or officers of the Covered Party from engaging in actions, which create, or which appear to create a conflict of interest as described herein.

The Covered Party has a continuing duty to immediately notify the ICJIA in writing of any actual or potential conflict of interest, as well as any actions that create or which appear to create the perception of a conflict of interest.

1. Are there any current, potential conflict(s) of interest, or any actions that create or which appear to create the perception of a conflict of interest, related to the respective transaction with ICJIA, including, but not limited to, a State award for which your organization has applied?

Yes ☐

No ☐

2. If there are any current, potential conflict(s) of interest, or any actions that create or appear to create the perception of a conflict of interest, related to the respective transaction with ICJIA which your organization is entering, please describe them all here:

If the Covered Party provided information regarding a current, potential conflict of interest or any actions that create or appear to create the perception of a conflict of interest, the Covered Party must immediately provide documentation to the applicable ICJIA personnel to support that the potential conflict of interest was appropriately handled by the Covered Party's organization. If the Covered Party believes the conflict can be managed, they must submit and receive ICJIA approval for a Conflict Management Plan prior to proceeding with the Covered transaction. ICJIA reserves the right to request additional information from the Covered Party about the disclosed actual, potential, or perceived conflict of interest. ICJIA also reserves the right to implement additional measures to manage or resolve the conflict of interest. If at any later time, the Covered Party becomes aware of any actual or potential conflict of interest, the Covered Party must notify ICJIA personnel immediately, and provide the same type of supporting documentation that describes how the conflict situation was or is being resolved.

Supporting documentation should include, but is not limited to, the following: the Covered Party's bylaws; a list of board members; board meeting minutes; procedures to safeguard against the appearance of personal gain by the Covered Party's officers, directors, agents, and family members; procedures detailing the proper internal controls in place; timesheets documenting time spent of the award; and bid documents supporting the selections of the contractor involved in the conflict, if applicable.

By Signing this document, below, as the duly authorized representative of the Covered Party, I hereby certify that:

- All the statements in this Conflict of Interest Disclosure form are true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001).
- If I become aware of any situation that conflicts with any of the representation herein, or that might indicate a potential conflict of interest or create the appearance of a conflict of interest, I or another representative from my organization will immediately notify the ICJIA personnel.
- I have read and understand the requirements for the Conflict of Interest Disclosure set forth herein, and I acknowledge that my organization is bound by these requirements.

Signature: _____

Date: _____

Agency Official Name (Authorized Signatory)	
Agency Official Title	
Covered Party (Entity)	
GATA ID #	

FOR INTERNAL USE ONLY

Office of General Counsel Staff	
Signature	
Approval:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Not Approved Reason:	