

## CONFLICT OF INTEREST GUIDELINES

**IF A CONFLICT OF INTEREST IS NOT PRESENT THESE FORMS DO NOT NEED TO BE COMPLETED**

1. If an Association of Sustainable Forestry (ASF) employee/consultant/contractor or Departmental staff declares upon application to be in conflict of interest ASF must:
  - a) Ensure the Applicant declares their intention to apply for Program funding on the application form;
  - b) Ensure the Applicant completes the Conflict of Interest Disclosure Form (Schedule "C");
  - c) Submit completed form to Department staff to review for approval prior to funding approval for Departmental staff to review and determine if the application can proceed;
  
2. All conflict of interest Applicants who have received approval to proceed may be subject to the following:
  - a) Department review of costs incurred by Applicant to complete the work (submit copies of associated invoices);
  - b) Department site visit to treatment location confirming invoiced work was completed;
  - c) ASF may then submit funding reimbursement invoice to the Department.

**PART I**

Name: \_\_\_\_\_ Applicant Phone

#: \_\_\_\_\_

Title: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

[This form is an original form  or an amended form

This form is intended for those persons who are disclosing a conflict of interest. The Department of Lands and Forestry will make a determination as to whether the conflict of interest will be permitted and funding approved and inform ASF, as appropriate.

<b>Indicate the conflict of interest situation(s) you wish to disclose:</b>	<b>YES</b>
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Interest in applying for funding from the Private Landowner Silviculture Treatment Program	<input type="checkbox"/>
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Describe the Conflict of Interest Situation(s): (Attach pages if necessary)


See the definition below. If insufficient details are submitted, the Department may request additional information.

The completed form and any additional pages must be submitted to the ASF along with the completed application form.

**Definitions**

**Conflict of Interest** – A conflict of interest exists in any situation where the applicant of this fund is an employee/contractor or consultant of the ASF, or a Lands and Forestry Departmental staff member involved in the tracking, inspecting, auditing or approving of the program.

A conflict of interest will not necessarily preclude funding of an applicant, but it must be disclosed by the applicant.

**Employee** – Any person who is currently employed by the 3<sup>rd</sup> party administrator.

**Immediate Family Member** means a parent, sibling or child of an applicant who is an ASF employee/contractor/consultant or Departmental staff member.

If, at any time following the signing of this Conflict of Interest Disclosure Form, there occurs any material change to the information provided regarding the conflict of interest, either by way of addition or deletion, I will file an amended Disclosure Form to the same mailing address, as appropriate. **NOTICE:** The personal information collected on this form is collected for the purpose of assessing a potential conflict of interest in accordance with silviculture treatments outlined in this Agreement.

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date