

District: _____

Supervisor: _____

DISTRICT SUPERVISOR DISCLOSURE FORM

The purpose of this form is to aid district supervisors in completing the required disclosure pursuant to Commission Policy Addressing District Supervisors' Involvement as Cost Share Contractors (policy attached). This form should be completed before an appointed or elected district supervisor begins responsibilities with the district. It should be updated annually by all district supervisors.

I acknowledge that I have read the policy and that (please initial one statement):

___ I do not own, operate, or receive a benefit from a business that performs or may perform paid services related to the implementation of Cost Share Agreements. Proceed to Section 2.

___ I own, operate, or receive a direct benefit from a business that performs or may perform paid services related to the implementation of Cost Share Agreements. Please complete the remainder of this form under Sections 1 and 2.

Section 1

This section should be completed by those district supervisors that own, operate, or receive a benefit from a business that performs or may perform paid services related to the implementation of Cost Share Agreements. Please complete each question below to the best of your knowledge, consulting the district and/or Division for the required information if necessary. Additional pages may be attached to this form.

Please provide below the name(s) of any business you own, operate, or receive a direct benefit from that performs, may perform, or provides paid services for Cost Share Agreements approved within the district for which you are a supervisor. Also include the types of services offered and your affiliation with the business(es).

Business Name	Type of Service	Affiliation
Example: Tom Smith Excavators	Example: Grading service	Example: Wife owns business

If the business with which you are associated currently provides or has been retained to provide paid services related to the implementation of a Cost Share Agreement, please complete and submit a **District Supervisor Disclosure Addendum**. This addendum is not required for a District Supervisor who operates a business that sells supplies or materials where he/she

cannot be reasonably expected to know whether they are used to implement specific cost share contracts. This addendum is not required if the District Supervisor is performing work on a contract for which he/she is the applicant or landowner.

Section 2

By signing below I further acknowledge that:

- (a) I am under a continuing duty to update this information to ensure the accuracy and completeness of the information.
- (b) I shall not vote on the approval or denial of any Cost Share Agreement application with the intent to unduly influence the outcome of any action on any application for which I may be a potential contractor, supplier, or receive personal gain.
- (c) I shall provide notice at the next scheduled board of supervisors' meeting and shall provide an amendment to this form when a business that I own, operate and/or receive benefit from is contracted to perform paid services for a Cost Share Contract that I voted to approve.

This original signed document must be submitted and kept on file in the district office for which you are a supervisor. You must also provide a copy to the Commission to be kept on file in the Division office. Forms should be submitted to the Division as soon as possible after election or appointment or before February 28 of each year.

I hereby certify, that I have completed this disclosure including any attachments thereto and that the information provided on the disclosure and any attachments is true, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF DISTRICT SUPERVISOR

DATE SIGNED

PRINTED NAME OF DISTRICT SUPERVISOR

District Supervisor Disclosure Addendum

Cooperator Name and Contract Number: [Example: John Smith Contract # 09-2008-01for BMP "ABC"](#)

Type of service provided: [Example: grading services](#)

Did you vote on this Cost Share Agreement? Yes No

If you voted to approve the Cost Share Agreement, please note whether your business was retained pre- or post- approval. [Example: I participated in the approval of this contract for Cost Share funding in September 2009. I was contacted by the cooperator in October 2009 to perform the grading work because the cooperator could not find another grading contractor.](#)

Cooperator Name and Contract Number:

Type of service provided:

Did you vote on this Cost Share Contract? Yes No

If you voted to approve the Cost Share Contract, please note whether your business was retained pre- or post-contract approval.

Supervisor Name: _____ Signature: _____

Cooperator Name and Contract Number:

Type of service provided:

Did you vote on this Cost Share Contract? Yes No

If you voted to approve the Cost Share Contract, please note whether your business was retained pre- or post-contract approval.

Supervisor Name: _____ Signature: _____