

## Conflict/Duality of Interest Policy and Declaration

The United Way of Greater Mercer County, Inc. realizes that the most precious resource given to the organization is the **trust** of its contributors and the public. This trust must be safeguarded and cared for at all times.

Decisions regarding the granting of funds for needed human service programs is a complicated and demanding process. The decision-making process developed by the United Way is unique in its structure and composition. In order to have the highest quality decisions made that impact the delivery of services to persons in need throughout greater Mercer County, the United Way has incorporated the use of its staff and “lay” volunteers and “human service provider” volunteers in its decision-making. The demand made of the people who make the recommendations for funding is to be fair and impartial, while incorporating expertise and knowledge of critical human service needs. To that end, the United Way of Greater Mercer County asks each staff member and volunteer - lay person and human service provider - to declare openly and freely their conflict and/or duality of interest.

A conflict/duality of interest is deemed to exist when a UWGMC staff or volunteer (lay or human service professional) has a “related party interest” with an entity seeking funding from United Way. A related party interest is defined as one in which the volunteer is an affiliate of the entity, a board member of the entity, a paid staff or consultant of the entity, or a recipient of services of the program of the entity. This is extended to include members of the volunteer’s immediate family who may also fit one or more of the situations described above.

The declaration of a conflict/duality of interest does not exclude the UWGMC staff and volunteers (lay person or human service provider) from participating in the process of reviewing and discussing proposals for grants from United Way. It **does, however, exclude** such person from participating in the formulation of a recommendation on funding and/or voting on such funding recommendation.

The following disclosure statement is required of all UWGMC staff and volunteers. This disclosure shall be given on an annual basis and/or whenever the status of a volunteer changes (i.e. involvement with an agency or organization seeking support from United Way). The disclosure of conflict/duality of interest of volunteer is inclusive of themselves, their spouse or significant other, family members, relatives, or other pertinent individuals.

I have read the above conflict/duality of interest statement and in accordance with its provisions, I disclose freely and openly that I or a member of my immediate family and/or others are associated with the following entity in the capacity noted.

Agency Name	Nature of Conflict/Duality

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_