

# Los Medanos Health Advisory Committee (LMHAC)

## Conflict of Interest Policy & Disclosure Statement

### I. Purpose and Scope

As a member of the LMHAC, you serve as a steward of the public trust. Your role is to provide a community voice in recommending how local property tax funds are reinvested to improve health outcomes in the Los Medanos Health Area.

This policy ensures that personal, professional, or financial interests do not influence—or appear to influence—the committee’s objective decision-making process. It applies to all seated members and covers any situation where your judgment could be affected by ties to an applicant or service provider.

### II. Legal and Policy Basis

In accordance with the **Contra Costa County Advisory Body Handbook**, members must adhere to these standards:

- **Resolution 2002/376:** All Board appointees must conduct public business to avoid even the **appearance** of a conflict of interest.
- **Political Reform Act of 1974:** Public officials must perform their duties in an impartial manner, free from bias caused by their own financial interests or those of their supporters.
- **The Brown Act & Better Government Ordinance (BGO):** All deliberations regarding public funds must be conducted in open, public meetings to ensure total transparency.

### III. Defining a Conflict of Interest

A conflict exists when your private interests, or those of a family member or employer, interfere with your service to the LMHAC. Specific conflicts include:

- **Grant Funding:** Serving as a staff member, board member, consultant, or significant donor for any nonprofit or clinic that applies for or receives LMHA grant funding.
- **Employment:** Having a vested interest in a city, county, or nonprofit employer that is affected by LMHAC recommendations.
- **Gifts:** Accepting any gift or favor from a potential or current grantee that exceeds the minimal value defined by the Fair Political Practices Commission (FPPC).

### IV. Recusal Requirement

If you have an actual or perceived conflict of interest regarding an agenda item (such as a specific grant application), you must follow the **Recusal Procedure**:

1. **Identify the Conflict:** Publicly state the nature of the interest during the meeting for the official record.
2. **No Participation:** You are prohibited from reviewing, scoring, voting, or participating in any discussion regarding that entity.

3. **Leave the Room:** You must physically leave the room during the discussion and vote. You will not be counted toward a quorum for that specific item.

## V. Filing Requirements

- **Annual Filing:** You must submit this statement upon appointment and every year by January 31st.
- **Ongoing Updates:** You must submit a revised form within **30 days** if your affiliations or potential conflicts change during the year.

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## LMHAC Conflict of Interest Disclosure Form

**Member Name:** \_\_\_\_\_ **Seat Name:** \_\_\_\_\_

1. Employment & Income: List current employers and paid consulting roles for **you or an immediate family member**.

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2. Leadership Roles: List any nonprofit or public boards, committees, or volunteer leadership roles held by **you or an immediate family member**.

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3. Potential Grantee Connections: Identify any local (Pittsburg, Bay Point, Clyde, Contra Costa County) entities (nonprofit or government) with which **you or an immediate family member** have a connection (including receiving services from the entity).

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**Attestation and Agreement:** I have read and agree to abide by the LMHAC Conflict of Interest Policy and the Contra Costa County Advisory Body Handbook. To the best of my knowledge, I have disclosed all actual or potential conflicts involving myself or my family members.

**I agree to provide an updated disclosure form to LMHAC staff within 30 days if any of my affiliations or financial interests change.** I understand that failure to disclose or recuse myself appropriately may result in my removal from the committee.

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