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| DEPARTMENT OF FAMILY SERVICES Division of Public Health  F-00896 (05/2017) | | STATE OF WISCONSIN | |
| CONFLICT OF INTEREST DETERMINATION  WISCONSIN WIC PROGRAM | | | |
| WIC staff members must not accept outside employment, additional WIC employment or participate in other activities, such as volunteering or serving on a board for a nonprofit organization, without the prior written approval of the Agency WIC Director or designee. Acceptance of outside employment, volunteering or other activities without advance approval, or after being informed that such employment has been determined to constitute a conflict of interest, shall be cause for potential disciplinary action. WIC staff members must declare if they, a family member, or relative has any financial interest in an entity that does business with the WIC Program.  WIC staff members must read, to have knowledge of program rules regarding conflict of interest and information regarding outside employment, volunteering/other activities, or acceptance of fees or honoraria. | | | |
| **SECTION 1** | **Instructions** | | |
| WIC Staff Member Name | WIC Staff Member   1. If you **do not** have any outside employment, other activities or no financial interest in an entity that does business with the WIC Program to report, check the “A” box. Go to Section 4 to sign and date the form and return it to your Director or designee. 2. If you **do** have outside employment, other activities, or financial interest in an entity that does business with the WIC Program to report, check the “B” box, and complete Section 2.   WIC Project Director or designee   1. If box “A” is checked, go to Section 4 to sign and date the form. 2. If box “B” is checked, review information and select the appropriate determination action in Section 3. Consult with the State WIC Director as needed. Also, reference Agency policy for compliance with conflict of interest rules. Go to Section 4 to sign and date the form. | | |
| WIC Staff Member Title |
| WIC Agency Name |
| WIC Project Director Name |
| WIC Staff Member Work Address |
| Check the appropriate box:   1. By my signature below, I affirm I have no outside employment, other activities, or financial interest in an entity that does business with the WIC Program. 2. By my signature below, I affirm I have outside employment, other activities, or financial interest in an entity that does business with the WIC Program. | | | |
| **SECTION 2** Complete ONLY if you checked “B”. | | | |
| In the space below, provide detailed information regarding the outside employment, other activities, or financial interest in an entity that does business with the WIC Program. Information to include, but not limited to: name of business/association, address, work schedule, significant duties, fees received, honoraria, and dates of employment/membership. If more space is needed, submit the information on a separate page and attach to this form. | | | |
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| **SECTION 3** Determination – To be completed by WIC Project Director or designee – check appropriate box. | | | |
| Outside employment, other activities, or financial interest in an entity that does business with the WIC Program **does** constitute conflict of interest.  Outside employment, other activities, or financial interest in an entity that does business with the WIC Program **does not** constitute conflict of interest. | | | |
| **SECTION 4** | | | |
| By my signature below, I affirm that I have read WIC Policy 10.26, Prevention of Employee Fraud and Abuse, and the information I have provided is true. | | | |
| **SIGNATURE –** WIC Staff Member | | | Date Signed |
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| **SIGNATURE** – WIC Project Director or designee | | | Date Signed |
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Name (printed)

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| **SIGNATURE** – Staff Member | Date Signed | **SIGNATURE** – Project Director or designee | Date Signed | Read WIC Policy 10.26 |
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