



MISSISSIPPI STATE DEPARTMENT OF HEALTH

CONFLICTS OF INTEREST

(Please attach additional pages, as needed, to address each question)

- 1. List all other current agreements/contracts with MSDH, including the dollar amount associated with the agreement/contract and the beginning and ending dates. If no other funds are received, please mark N/A.

Table with 4 columns: MSDH Program Name, Dollar Amount, Beginning Date, Ending Date. Row 1 contains 'NONE'.

- 2. Please list the name of each member of your organization’s Board of Directors or other governing body (i.e., trustee, alderman, partner, owner).

Table listing names and positions: TODD JORDAN, MAYOR; TRAVIS BEARD, CITY COUNCIL PRESIDENT, WARD 3; CHAD MIMS, WARD 1; LYNN BRYAN, WARD 2; NETTIE DAVIS, WARD 4; BUDDY PALMER, WARD 5; JANET GASTON, WARD 6; ROSIE JONES, WARD 7.

- 3. Are any members of the governing body or project staff also MSDH employees, MSDH Board Members, or spouses, parents, or children of MSDH employees? Yes No

If yes, please complete the following:

Table with 3 columns: Name, MSDH Board Member/MSDH Employee/Relative, Position held with MSDH.

4. If you answered **yes** to #3, please answer the following:

- i. Does the MSDH Board Member, Employee, or Relative receive more than \$2,500.00 per year in income from the business? **Yes** **No**
- ii. Does the MSDH Board Member, Employee, or Relative own ten (10%) percent or more of the fair market value in the business, either directly or indirectly through another business? **Yes** **No**
- iii. Does the MSDH Board Member, Employee, or Relative have ownership interest in the business, in which the fair market value exceeds \$5,000.00? **Yes** **No**
- iv. Is the MSDH Board Member, Employee, or Relative a director, officer, or employee of the business? **Yes** **No**

I hereby certify that the information set forth above is true and complete to the best of my knowledge and that no MSDH employee, spouse, parent, or child of an MSDH employee, serves as a member of the governing body, project staff, or has an ownership or pecuniary interest in the agreement/contract or organization. I agree to notify MSDH within thirty (30) days if any of these conditions change during the agreement/contract.

Name

Title

Signature

Date