

**Appendix A: Conflict of Interest**

**Sacramento County Health Center Co-Applicant Board**  
**Conflict of Interest: *Disclosure and Attestation Statement***

Conflict of Interest: Defined as an actual or perceived interest by the member in an action, which results or has the appearance of resulting in personal, organizational, or professional gain.

Duty of Loyalty: CAB members shall be faithful to the organization and can never use information obtained in his/her position as a CAB member for personal gain.

Responsibilities of CAB Members:

- A. A CAB member must declare and explain any potential conflicts of interest related to:
  - 1. Using her/his CAB appointment in any way to obtain financial gain for the member's household or family, or for any business with which the CAB member or a CAB member's household or family is associated; and
  - 2. Taking any action on behalf of the CAB, the effect of which would be to the member's household or family's private financial gain or loss.
- B. No member of the CAB shall vote in a situation where a personal conflict of interest exists for that member.
- C. No voting member of the CAB shall be an employee or an immediate family member of an employee of the Health Center or County of Sacramento, Department of Health and Human Services; however, a member may otherwise be an employee of the County.
- D. No CAB member shall be an employee or an immediate family member of an employee of a Federally Qualified Health Center.
- E. Any member may challenge any other member(s) as having a conflict of interest by the procedures outlined in the CAB's Bylaws, Article IX.

As a CAB member, my signature below acknowledges that I have received, read, had an opportunity to ask clarifying questions regarding these conflict of interest requirements and the CAB Conflict of Interest Policy and that I understand the contents of this policy as it relates to my membership and responsibilities as a CAB member in capacity of officer, expert volunteer, advocate, consumer, or County staff member. I understand that any violation of these requirements may be grounds for removal from CAB membership. I further understand that I may be subject to all other applicable state and federal conflict of interest requirements in addition to the provisions set forth in these Bylaws. I declare that the above statement is true and accurate to the best of my knowledge.

\_\_\_\_\_  
CAB Member's name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
CAB Member's signature