

Conflict of Interest Disclosure Form

In accordance with the Code of Ethics, an employee of a state agency is required to disclose personal and financial relationships that give rise, or may appear to give rise, to a conflict of interest and recuse himself or herself from situations where such a conflict exists or where the employee's impartiality might reasonably be questioned due to his or her relationship with a person or entity participating in a matter before the employee's agency.

Further, Georgia law prohibits any full-time state employee, for himself or herself or on behalf of any business, or for any business in which such employee or his or her spouse or dependent has a substantial interest, to transact any business with the employee's agency. O.C.G.A. § 45-10-23(a).

Situations which require an employee to disclose their relationship with a person or entity, and subsequently recuse themselves from interactions between their agency and such person or entity, include, but are not limited to, when the employee's relative is a lobbyist, when the employee's relative is a vendor or potential vendor for the State, or when the employee's relative has a current or potential business relationship with an agency or otherwise participates in matters pending before the employee's respective agency. Any employee who is uncertain as to the existence of an actual or potential conflict should discuss the conflict with their agency's ethics officer and disclose such conflict if instructed to do so.

Employees with multiple relatives creating potential conflicts must complete a separate Disclosure Form and Affidavit for each relative. Employees with relatives who have multiple clients, current or potential contracts with an agency or the State, or other current or potential business relationships with an agency or the State must complete a separate Disclosure Form and Affidavit for each client, contract, or other business relationship.

The term "relative," as used herein and as defined by the Code of Ethics, includes the following: spouse, parent, grandparent, child, brother, sister, uncle, aunt, nephew, niece, first cousin, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepparent, stepchild, stepbrother, stepsister, half-brother, or half-sister.

I. Reason for Disclosure (choose one):

- My relative is a lobbyist. (Complete Section II)
- My relative is a vendor or potential vendor for the State. (Complete Section III)
- My relative has a current or potential business relationship with a state agency or otherwise participates in matters pending before my agency. (Complete Section IV)
- I have a personal or financial relationship which otherwise gives rise, or may give rise, to a conflict of interest. (Complete Section V)

Sections II and III on following page

II. Employees with a relative who is a lobbyist shall disclose:

Name of Relative: _____

Relationship to Employee: _____

Name of Relative's Employer or Business: _____

Description of All Relevant Underlying Facts of the Relationship and Potential Conflict:

III. Employees with a relative who is a current or potential vendor for the State shall disclose:

Name of Relative: _____

Relationship to Employee: _____

Name of Relative's Employer or Business Entity: _____

State Contract Relative Holds or is Seeking to Obtain and State Entity Issuing Such Contract:

Description of All Relevant Underlying Facts of the Relationship and Potential Conflict:

Sections IV and V on following page

IV. Employees with a relative who has a current or potential business relationship with a state agency or otherwise participates in matters pending for the employee's respective agency shall disclose:

Name of Relative: _____

Relationship to Employee: _____

Name of Relative's Employer or Business Entity: _____

Name of Relative's Client (if applicable): _____

Issue(s) for Which such Relative or Such Relative's Employer Has Been Retained:

Description of All Relevant Underlying Facts of the Relationship and Potential Conflict:

V. Employees with a personal or financial relationship that otherwise gives rise, or may give rise, to a conflict of interest shall disclose:

Name of Person or Entity with Which Such Employee Has Such Personal or Financial Relationship:

Relationship to Employee: _____

Description of All Relevant Underlying Facts of the Relationship and Potential Conflict:

Signature on following page

Please complete the attached Affidavit affirming the validity of the information provided herein and that you have not disclosed any information learned through your employment to the financial benefit of yourself, your relative, or any business relationship of your relative prior to this execution of this disclosure form.

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Employee Name (Printed):

Employee Signature:

Date:

Conflict of Interest Affidavit

State of Georgia, County of _____

The undersigned, _____ (Affiant's Name), being duly sworn, hereby deposes and says:

1. I am over the age of 18.
2. I suffer no legal disabilities and have personal knowledge of the facts below.
3. I have not disclosed any non-public information learned through my employment with the State of Georgia for my own financial benefit or for the financial benefit of the person or entity identified in the Conflict of Interest Disclosure Form, or such person's or entity's clients, prior to the disclosure of my relationship with such person or entity as required by Executive Order 04.01.21.57.
4. I have fully disclosed all current and potential conflicts of interest I have or may have to my agency's ethics officer, including situations where my impartiality might reasonably be questioned due to my personal or financial relationships.
5. I will immediately notify my agency's ethics officer if the information provided herein materially changes, requires supplementation, or when I enter a new personal or financial relationship which gives rise, or may give rise, to a conflict of interest.
6. I have read and will comply with Executive Order 04.01.21.57.
7. I declare that to the best of my knowledge and belief, the information contained herein and the information contained in the Conflict of Interest Disclosure Form is true, correct, and complete.

FURTHER AFFIANT SAYETH NOT.

Executed this _____ day of _____, 20____.

Signature of Affiant

NOTARY PUBLIC

STATE OF _____, COUNTY OF _____

Signature of Notary

Commission Expiration