

APCO-International and/or Public Safety Foundation of America
CONFLICT OF INTEREST AND EMPLOYMENT DISCLOSURE FORM

Please provide the information requested below for yourself and those meeting the following definition of Affiliated Persons for the Organization (APCO/PSFA):

any family member, defined as ...

1. spouse, a legally-recognized domestic partner, or a “significant other” person of the same household;
2. a brother, sister, parent, grandparent, child, grandchild, great grandchild, niece or nephew (by whole or half blood) of, or the object of a guardianship by, the interested person or related persons listed in 1; or
3. spouse, a legally-recognized domestic partner, or a “significant other” person of the same household, of an individual listed in 2.

any corporation or organization of which you are an officer or a partner or are, directly or indirectly, the beneficial owner of 10 percent or more of any class of equity securities; or

any trust or estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

1. NAME (Please print):

2. Do you, or any of your Affiliated Persons, serve as a paid employee, consultant or contractor of APCO/PSFA (including as an Instructor)?

YES

NO

If yes, please specify job title, supervisor (if any), and hire date:

3. Please indicate whether you or any of your Affiliated Persons had, have, or will have any direct or indirect interest in any business transactions(s) to which APCO/PSFA is a party.

YES

NO

If yes, please describe the transaction(s):

SAMPLE – FOR INFORMATIONAL PURPOSES ONLY – SAMPLE

4. Are you or any Affiliated Person a party to or have an interest in any pending legal proceedings involving APCO/PSFA directly or indirectly?

YES NO

If yes, please describe the proceeding(s):

5. In the past year did you or any of your Affiliated Persons receive, or are you entitled to receive, directly or indirectly, any gifts, favors, in-kind services or other personal benefits as a result of your relationship with APCO/PSFA that could be valued in excess of \$75? (e.g., equipment, trips, tours, clothing). This does NOT include compensation or allowable expense reimbursements directly related to your duties to APCO/PSFA.

YES NO

If yes, please describe the benefit:

6. Do you occupy a fiduciary position (e.g., director, principal officer, or member of a council, committee or any body with governing board delegated powers), whether compensated or uncompensated, with another entity which competes with APCO/PSFA or with which APCO/PSFA has (or is proposing to enter into) a contract, transaction or arrangement?

YES NO

If yes, please describe the position(s):

7. Are you aware of any other events, transactions, arrangements or other situations involving you or any Affiliated Person that you believe should be examined by APCO/PSFA in accordance with the terms and intent of the Conflict of Interest Policy?

YES NO

If yes, please describe the situation(s):

8. Employment-Related Income: Primary Employer and Other Sources

Voting-eligible membership in APCO is reserved for the following:

“Personnel responsible for design, construction, installation, maintenance, command, and operation of public safety systems and supporting information systems. Such persons must be employed by, retired from or a volunteer of a governmental entity or a contractor of a governmental entity providing the described services. Members must be actively engaged in or retired from the performance of the described services for the specific entity on a regular basis and may not have a conflicting commercial interest which provides a significant portion of their income. Examples of qualifying positions include but are not limited to engineers, technicians, managers, supervisors and telecommunicators.”

List below ALL sources of employment-related income, listing first your primary employer (the entity of which you are employed or retired that satisfies the above criteria).

Retired with no income from non-pension/investment sources
(If checked, list entity below, but skip percentage calculations.)

<u>SOURCES OF INCOME FROM EMPLOYMENT</u> <u>(including consulting and contractual sources)</u>	<u>PERCENT OF TOTAL INCOME</u>	
	<u>CURRENT CALENDAR</u> <u>YEAR (estimated)</u>	<u>NEXT CALENDAR</u> <u>YEAR (projected)</u>

[Note: Be sure to submit an amended form at any time that your situation markedly changes.]

I HEREBY CONFIRM that I have read and understand the Conflict of Interest and Voting Membership Policies of APCO/PSFA and that my responses to the above items are complete and correct. I agree to comply with the Policies and to update this form as warranted. I further understand that APCO/PSFA is a charitable enterprise and must comply with all requirements of a tax exempt entity.

SIGNATURE: _____

DATE: _____