
—PROGRAM INSTRUCTION—

Texas Department of Aging and Disability Services (DADS) – Access and Intake Division

TITLE:	Conflicts of Interest	NUMBER:	AAA-PI 500
SECTION:	Area Agencies on Aging	APPROVAL:	Betty Ford
ISSUE DATE:	2/1/08	REVISION DATE:	12/30/08
RELEVANT TAC#:	40 TAC §85.201		
DISTRIBUTION:	<input checked="" type="checkbox"/> Executive Director <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> Fiscal Director <input checked="" type="checkbox"/> AAA Section Staff		

The Department is revising the program instruction (PI) to reflect the new number of 40 TAC (Texas Administrative Code) §83.1 AAA Administrative Responsibilities. Effective September 1, 2008, the rule's number changed to 40 TAC §85.201.

The area agencies on aging, its employees, volunteers, advisory board, committee members and governing boards must seek to avoid conflicts of interest, in fact or perceived, and provide proper notification when such conflicts of interest do occur. After researching with several area agencies on aging, the Department found a variety of methods is being used.

This program instruction is issued by the Department to provide guidance on the definition of “proper notification.” Area agencies on aging must address the criteria listed below when obtaining notification of a possible conflict of interest. The area agency on agency may use its discretion on the form utilized to meet this criteria.

- Document the method and forms utilized to obtain information and to monitor employees, volunteers, advisory board, committee members and governing boards of 40 TAC §85.201 regarding conflicts of interest
- Obtain knowledge of any potential, either real or perceived, conflict of interest prior to the appointing, hiring, or establishment of a contract or vendor agreement
- Document any findings of potential conflict of interest
- Obtain a signed and dated Conflict of Interest / Non-Disclosure Statement from employees, volunteers, advisory board, and committee members.

Sample formats of Conflict of Interest / Non-Disclosure Statements are attached. The area agency on aging is at liberty to adapt for their agency use or to design a similar format.

AFFIDAVIT OF INTEREST

STATE OF TEXAS §
COUNTY OF _____ §

I, _____, an employee, officer or agent of the <<<AAA>>> Council of Governments, make this affidavit and state that I have a financial or other substantial interest in _____ (name of entity) which may be considered for a procurement award of _____ (specify contract or procurement).

My interest is as follows:

Upon the filing of this affidavit with the <<<AAA>>> Council of Governments, I affirm that I will abstain from any further participation in this contract or procurement whatsoever.

EXECUTED this _____ day of _____, 20____.

Signature of employee, officer or agent

Print name

Title

Witness

Print name

Title

NOTIFICATION OF CONFLICT OF INTEREST

I have read the Texas Administrative Code 40 TAC, Rule § 83.1 and hereby notify the Director of the Area Agency on Aging of the <<<AAA>>> of a conflict of interest I hold. That conflict of interest is as follows:

My association with the Area Agency on Aging of the <<<AAA>>> is:

- ρ Employee
- ρ Volunteer working within programs
- ρ Advisory council member
- ρ Governing Board member

In that capacity, I agree not to participate in any decision relating to:

- the contract or procurement of services of goods in which I have a direct or indirect substantial personal interest or
- have a substantial financial interest, directly or indirectly, in the contract or procurement of services or goods or the proceeds thereof.

Date

Printed Name

Signature