



# West Tennessee Workforce Development Board

[www.westtennesseecareers.org](http://www.westtennesseecareers.org)

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Craig S. Butler  
Board Chair

Jimmy Bell  
Director

## Local Workforce Development Area 11 Policy Memorandum # 17-4

### Subject:

Conflict of Interest

### Purpose:

The purpose of this memorandum is to provide conflict of interest guidance for the West Tennessee Workforce Development Board, staff and committees.

References: WIOA 2014 Section 101(f), 201(b)(2)(E)(i), 10(h), TN WIOA 17-2 Conflict of Interest Executive Summary

Background: WIOA requires that members of the Workforce Development Board, all committees, contracted staff, and board staff have a clear obligation to conduct all affairs in a manner consistent with the concept of public trust. All decision of the West Tennessee Workforce Development Board, its committees and staff should be based on promoting the best interest of the public good. The following policy provides identification and resolution of conflicts of interest.

Policy: It is the policy of the West Tennessee Workforce Development Board that all members of the Board, its committees, contractor staff, and board staff sign a conflict of interest form each program year. (See attached form.) Specifically:

*A member of a local board, or a member of a standing committee, may not --*

*(1) Vote on a matter under consideration by the local board --*

*a. Regarding the provision of services by such member (or by an entity that such member represents; or*

*b. That would provide direct financial benefit to such member or the immediate family of such member; or*

*(2) Engage in any other activity determined to constitute a conflict of interest or even the appearance of a conflict of interest as specified in the LWDB Plan.*



A UNITED WAY AGENCY OF WEST TENNESSEE INC. AGENCY

**Action:** Conflict of interest forms will be signed and returned to staff during the time of the Annual Board meeting each year, or as a new board/committee member/staff/contractor becomes part of the Workforce System in the West Tennessee Local Workforce Development Board area 11. Signed copies of the Conflict of Interest will be kept on file in the LWDB-11 office.

**Contact:**

Questions regarding this policy should be addressed to Jimmy Bell, LWDB-11 Director, at SWHRA, 1527 White Avenue, P. O. Box 264, Henderson, TN 38340. Phone: (731) 983-3688. Email: [jbelle@swhra.org](mailto:jbelle@swhra.org).

**Attachment I - Conflict of Interest/Disclosure Statement (Board Members)**

**Attachment II - Conflict of Interest Statement (Board Members)**

**Attachment III - Conflict of Interest (Board Staff)**

**Effective Date:** July 1, 2017

**Expiration Date:** Until further notice

**Approved:**

  
\_\_\_\_\_  
Jimmy Bell, LWDA-11 Director

## Attachment 1

### Conflict of Interest/Disclosure Statement (Board Member)

**West Tennessee Workforce Development Board  
Conflict of Interest/Disclosure Statement**

**As a West Tennessee Workforce Development Board member, I understand that I must disclose any possible conflict of interest to the West Tennessee Workforce Development Board Chair and the WIOA staff. I further understand that the WIOA staff will disclose to the West Tennessee Workforce Development Board if at any time my company/organization enters into a contractual agreement utilizing WIOA funds.**

**Possible conflicts of interest include:**

- Known family or marriage relationship to Southwest Human Resource Agency staff employed by your Company/Organization through any contract utilizing WIOA funds.
- Known family or marriage relationship to a WIOA participant employed by your Company/Organization through a contract utilizing WIOA funds.
- Hiring of a WIOA participant that is a family member of Southwest Human Resource Agency staff through a contract utilizing WIOA funds.
- Business or professional partnership with Southwest Human Resource Agency or staff.
- Any other relationship, such as close personal friendship, that you think might tend to affect your judgments or be seen as doing so by a reasonable person familiar with the relationship.

**Name (Please Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return To:   April Brown  
                  West TN Workforce Development Board  
                  Southwest HRA  
                  Phone: 731-983-3689  
                  Fax: 731-983-3149  
                  Email: aprilb@swhra.org**

Attachment II

Conflict of Interest Statement  
(Board Member)

## CONFLICT OF INTEREST STATEMENT

While serving as a member of the West Tennessee Workforce Development Board, I shall conduct my activities and myself in a principled manner to avoid any direct or apparent conflicts of interest in matters, which could be construed to constitute a conflict of interest.

As a Board member, I understand that I shall refrain from voting on, and participating in any decision-making involving the selection, award, or administration of a contract supported by state or federal funds, which could give rise to a real or apparent conflict of interest. I further understand that such a conflict would arise when I, any member of my immediate family, my business partners, or any organization that employs or is about to employ any of these parties, have a direct financial or other interest in the matter under consideration.

In advance of consideration of a matter in which I may have a conflict of interest, I shall so notify the Board Chairman and Local Elected Officials and disclose the conflict.

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Name (PRINT)

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Signature

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Date

\*send in with nomination form

Attachment III

Conflict of Interest Statement  
(Board Staff)

SOUTHWEST HUMAN RESOURCE AGENCY  
CONFLICT OF INTEREST/DISCLOSURE STATEMENT

While serving as an employee of Southwest Human Resource Agency, I shall conduct my activities and myself in a principled manner to avoid any direct or apparent conflicts of interest in matters, which could be construed to constitute a conflict of interest.

As an employee, I understand that I shall refrain from participating in any decision-making involving the selection and enrollment of a WIOA participant which could give rise to a real or apparent conflict of interest.

In advance of consideration of a matter in which there appears to be a conflict of interest, I shall so notify the Board Chairman and/or the WIOA Director and disclose the conflict.

\_\_\_\_\_  
Name (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date