

SOUTHWEST LOCAL WORKFORCE DEVELOPMENT BOARD
1527 White Avenue
Henderson, TN 38340
(731) 989-5111

Effective Date: June 19, 2018

Duration: June 30, 2020

Workforce Services Policy – Conflict of Interest Southwest LWDB - WIOA (17-4)

Subject:

Conflict of Interest

Purpose:

The purpose of this memorandum is to provide conflict of interest guidance for the SOUTHWEST Local 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.

Action: None of the following entities will provide direct service during the intake or eligibility determination of a family member or close acquaintance. No workforce staff or member will have a personal or business relationship with, or a positive bias for, or a special interest in, that particular applicant. Such workforce members are:

- Local Workforce Development Board members
- Local Workforce Development Board subcommittee members
- Chief Local Elected Officials
- WIOA executive staff and supervisors
- WIOA employees
- AJC partner staff
- WIOA sub-recipients and/or contractors

Any grant recipient or sub-recipient receiving WIOA funds through SOUTHWEST LWDB shall ensure that no individual in a decision making capacity engages in any activity if a conflict of interest is involved even in perception of impropriety or conflict of interest. This includes decision-making that involves the selection, awarding, or administering of a grant, sub-grant or contract by WIOA funds.

WIOA forms that determine an applicant’s eligibility for enrollment into a program, to receive funding through a grant, or to receive a benefit through support services will be updated to include the following statement:

“I, _____ (person’s name) serving in the Workforce Development system as
Chief Local Elected Official _____
Local Workforce Development Board member _____
Local Workforce Development Board subcommittee member _____
WIOA executive staff/supervisors _____
WIOA employee _____
American Job Center Partner staff _____
WIOA Sub-recipient and/or contractor _____

am not related, nor am I a close personal acquaintance, of _____ (applicant’s name).”

Should an applicant be related or a close personal acquaintance of a workforce member staff, the applicant shall be referred to another county in the area for determination of eligibility, enrollment, services, and case management.

Conflict of interest training will be conducted to all AJC staff and partner staff who are directly involved with making assessments and determining the eligibility of participants. Such training will be documented and be available for review and audit purposes. All new staff members and providers will be informed of this policy also.

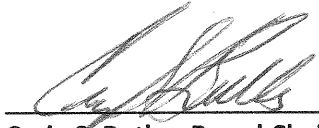
Conflict of interest forms will be signed and returned to staff during the time of the Annual Board meeting each year, or as a new board/committee member/staff/contractor becomes part of the Workforce System in the West Tennessee Local Workforce Development Board area 11. Signed copies of the Conflict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

Contact:

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

Attachments:

- Attachment I - Conflict of Interest/Disclosure Statement (Board Members)
- Attachment II - Conflict of Interest Statement (Board Members)
- Attachment III - Conflict of Interest (Board Staff)



Craig S. Butler, Board Chairman

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.

Name (PRINT)

Signature

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