**Policy Name:** Conflict of Interest and Disclosure of Certain Interests  
**Policy Number:** B-5

**Functional Area(s) Responsible:** College President

**Owner(s) of Policy:** College President

**Most Recent BOT Approval Date:** September 2011

**Most Recent Review Date:** Spring 2023

**Most Recent Review/Revision Type:** ☒ none  ☐ minor/non-substantive  ☐ substantive/extensive

---

**Policy Statement:**
An actual or potential conflict of interest occurs when a college trustee or employee is in a position to influence a decision that may result in personal gain or gain for a relative as a result of Finger Lakes Community College’s business dealings.

Personal gain may result not only in cases where a college trustee, employee, or relative has significant ownership in a firm with which Finger Lakes Community College does business, but also when a college trustee, an employee, or a relative receives any kickback, bribe, substantial gift, or special consideration as a result of any transaction or business dealings involving Finger Lakes Community College.

Finger Lakes Community College employees and college trustees are required to disclose all interests that could result in a conflict of interest and have an obligation to conduct business within guidelines that prohibit actual or potential conflicts of interest. FLCC trustees must submit a Conflict of Interest Disclosure Statement (Appendix A) annually. Affiliated board members and management employees must submit a Conflict of Interest Certification (Appendix B) annually.

No presumption of a conflict is created by the mere existence of a relationship with outside entities. However, if a board member or an employee has any influence on any material business transactions, it is imperative that he or she discloses to an officer of the college as soon as possible the existence of any actual or potential conflict of interest so that safeguards can be established to protect all parties.

**Reason(s) for Policy:**
This policy is intended to provide guidelines for board members and employees to follow when seeking clarification on issues related to acceptable standards of operation.
Applicability of Policy:
This policy applies to all affiliated board members and management employees.

Definitions:
Relative: any person who is related by blood or marriage or whose relationship with the board member or employee is similar to that of persons who are related by blood or marriage.

Related Documents:
• NYS Consolidated Laws, General Municipal, Article 18: Conflicts of Interest of Municipal Officers & Employees

Procedures:
No separate procedures statement

Forms/Online Processes:
• Conflict of Interest Disclosure Statement (Appendix A)
• Conflict of Interest Certification (Appendix B)

Appendix:
APPENDIX A
Complete and return the enclosed conflict of interest disclosure statement to the FLCC President’s Office. The disclosure requirements are intended to provide a systematic and ongoing method of disclosing and ethically resolving potential conflicts of interest.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Initial</th>
</tr>
</thead>
</table>

Title

Board or Agency

Board or Agency Address

Telephone Number

I have read and am familiar with the Finger Lakes Community College policy concerning Conflicts of Interest and I have initialed the box opposite the appropriate paragraph below. I understand that when this statement is filed, it becomes a public record subject to the NYS Freedom of Information Law.

1. To the best of my knowledge, I have had no interest nor taken any action which would contravene the policy: (___)

2. To the best of my knowledge I have had no interest nor taken any action which would contravene the policy, except such interest or action which is fully disclosed below: (___)

3. At this time, I am seeking a determination of whether the contemplated course of action described below may constitute a conflict of interest in contravention of the policy:
APPENDIX B

FINGER LAKES COMMUNITY
COLLEGE CONFLICT OF INTEREST
CERTIFICATION

MANAGEMENT CONFIDENTIAL EMPLOYEES

The conflict of interest policy includes a provision, which sets forth standards of conduct expected and requiring board members and management employees to disclose all interests, which could result in a conflict.

Please complete and return the enclosed conflict of interest disclosure statement. Please be assured that the disclosure requirements are intended to provide the College President with a systematic and ongoing method of disclosing and ethically resolving potential conflicts of interest. Although it is impossible to list every circumstance giving rise to a possible conflict of interest, the following will serve as a guide to the types of activities that might cause conflicts and that should be fully reported:

1. **Outside Interests**
   A. To hold, directly or indirectly, a position or a financial interest in any outside concern from which the individual has reason to believe the College secures goods or services (including the services of buying or selling stocks, bonds, or other securities), or that provides services competitive with the system.
   B. To compete, directly or indirectly with the College in the purchase or sale of property or property rights, interests or services.

2. **Outside Activities**
   To render directive, managerial, or consultative services to any outside concern that does business with, or competes with the services of the College, or to render other services in competition with the College.

3. **Inside Information**
   To disclose or use information relating to the College's business for the personal profit or advantage of the individual or his/her immediate family.

4. **Gifts, Gratuities, and Entertainment**
   To accept gifts, excessive entertainment, or other favors from any outside concern that does, or is seeking to do, business with, or is a competitor of, the College - under circumstances from which it might be inferred that such action was intended to influence or possibly would influence the individual in the performance of his/her duties.
Full disclosure of any situation in doubt should be made so as to permit an impartial and objective determination. It should be particularly noted that disclosure relates not only to yourself, but also to your immediate family members.
TO: College President  
RE: Conflict of Interest Disclosure  

A copy of the Finger Lakes Community College Conflict of Interest Policy has been furnished to me. I hereby state that I, or members of my immediate family, have the following affiliations or interest and have taken part in the following transactions that, when considered in conjunction with the position with or relation to the College, might possibly constitute a conflict of interest.  
(Check “None” where applicable)  

1. **Outside Interests**  
   Identify any interests, other than investments, of yourself or your immediate family, as described in the first numbered paragraph of the attached letter.  
   (  ) None  

2. **Investments**  
   List and describe, with respect to yourself or your immediate family, all investments that might be within the category of “financial interest”, as described in the first numbered paragraph of the attached letter.  
   (  ) None  

3. **Outside Activities**  
   Identify any outside activities, of yourself or your immediate family, as described in paragraph number 2 of the attached letter.  
   (  ) None  

4. **Other**  
   List any other activities in which you or your immediate family are engaged that may be regarded as constituting a conflict of interest, giving particular attention to the paragraphs numbered 2 and 3 of the attached letter.  
   (  ) None  

5. I hereby certify that neither I nor any member of my immediate family has accepted gifts, gratuities, or entertainment that might influence my judgment or actions concerning the business of the College, except as
listed below:

I hereby agree to report to the College President any further situation that may develop before completion of my next questionnaire.

_________________________  ________________________________  _______________________
Date                      Name (Printed or typed)             Signature