

AREA AGENCY ON AGING OF PASCO-PINELLAS, INC.

POLICY: CONFLICT OF INTEREST

POLICY #: ADM HR - 19

DEPARTMENT: HUMAN RESOURCES

PRIOR POLICY: NA

DATE DEVELOPED: 08/01/2026

PROGRAM: HUMAN RESOURCES

DATE REVISED:

POLICY:

AAAPP has policies and procedures regarding conflicts of interest in accordance with the Older Americans Act, DOEA guidance, and 45 CFR 1321.67. These policies safeguard against conflicts of interest on the part of the agency; its employees; its board and advisory council members; and its contractors, subcontractors, and providers/vendors who have responsibilities relating to the agency's grants and contracts. AAAPP's conflicts of interest policies and procedures establish mechanisms to avoid both actual and perceived conflicts of interest and to identify, remove, and remedy any existing or potential conflicts of interest at organizational and individual levels. "Conflict of interest" is a situation wherein a person may be perceived as having private interests or multiple public agency duties and responsibilities, which may interfere with the ethical conduct of duties and responsibilities being rendered to the agency funded with OAA, Title III funds.

Because of the potential for conflict of interest, AAAPP and service providers must adhere to the following minimum policies regarding board of directors' membership:

- No DOEA employee may be a member;
- Board members cannot have a direct or indirect financial connection with the AAAPP, contractors, subcontractors, or providers/vendors, and any staff members of these organizations;
- Members of the AAAPP's Advisory Council may not serve on the AAAPP's Board or Board committees;
- AAAPP nor a provider may employ, in any capacity, any member of its governing board or any family member of a person on the board (i.e., brother, sister, child, parent, grandparent or spouse); and
- AAAPP may not make a sub-grant or subcontract with any service provider if a member of the AAAPP's board is also a member of the provider's staff, board of directors or advisory council. No AAAPP or service provider will give preference for services to older individuals because of a contract or commercial relationship that is carried out to implement Title III, unless stipulated by OAA or DOEA contracts or policies.
- Staff of the AAAPP cannot serve on the Board of Directors of contractors, subcontractors, providers/vendors or the Boards of the current AAAPP Advisory Council or Board of Directors.

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Disclosures

Please make the following disclosures. Please be advised that, based on your disclosures, you may be prohibited from being employed by AAAPP or from being an Advisory Council Member, a Board Member, or from continuing to serve as Staff, Advisory Council Member, or Board Member. You will be required to cease any action that is deemed to be a conflict of interest in violation of Florida Statute 112.313 or any other applicable law or anything that violates this Conflict of Interest Policy, or that may be deemed a conflict in the sole discretion of AAAPP.

You are required to update this disclosure at any time the information changes, and you will be asked to update annually.

Conflict-of-Interest

The standard of behavior at the Area Agency on Aging of Pasco-Pinellas, Inc. is that all **staff, board members, and advisory council members** avoid any conflict of interest between the interests of the Area Agency on Aging of Pasco-Pinellas, Inc., on one hand, and personal, familial, professional, and business interests on the other. This includes avoiding **actual** conflicts of interest as well as **perceived** conflicts of interest.

The purpose of this policy is to protect the integrity of our organization's decision-making processes, to enable our clients, providers, and other partners to have confidence in our integrity, and to protect the integrity and reputation of our staff, board of directors, and advisory council.

Upon or before election, hiring, or appointment, I will make a full, written disclosure of interests, relationships, and holdings that could potentially result in a conflict of interest. This written disclosure (see attached) will be kept on file, and I will update it annually.

In the course of meetings or activities, I will disclose any interests in a transaction or decision where I (including my business or other nonprofit affiliation, family, and/or my significant other, employer, or close associates) may, will, or could appear to receive a benefit or gain. After disclosure, I understand that I will not be involved in the discussion nor permitted to vote on the question (if I am a Board Member or Advisory Council Member).

I understand this policy is meant to be a supplement to good judgment, and I will respect its spirit as well as its wording.

Signed _____ Date _____

Printed Name _____

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**AREA AGENCY ON AGING OF PASCO-PINELLAS, INC.
CONFLICT OF INTEREST
DISCLOSURE STATEMENT**

Please check all applicable statements and provide information:

☐ **A.** The following are relationships, interests or situations involving me or a member of my family or significant other, which might result in or appear to be an actual, apparent or potential conflict of interest between me (or my family members/significant other) on one hand and the Area Agency on Aging of Pasco- Pinellas, Inc. (AAAPP) on the other:

☐ I serve as a director of the following for-profit corporation(s):

☐ I serve as trustee or director of the following nonprofit organization(s):

☐ I hold membership in the following organizations, associations, consortia, etc.:

☐ I am engaged in contracts, investments or other business activities with the following:

☐ Other activities or relationships I wish to disclose relative to my work with the AAAPP:

☐ **B.** I have not indicated any of the above as I am not aware of any relationship or interest or situation involving myself, my family, or my significant other which might result in, or give the appearance of being an actual, apparent, or potential conflict of interest between me (or my family member or significant other) on one hand and the AAAPP on the other.

My primary business or occupation is: _____

Position or Title _____ Firm _____

I have read and understand this conflict-of-interest policy and agree to be bound by it. I will promptly inform the Board Chair (if a Board Member); my supervisor (if an employee); or Staff Liaison (if Advisory Council Member) of any material change that develops in the information contained in the foregoing instrument.

Printed Name

Signature

Date