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**BOARD OF COUNTY COMMISSIONERS  
HILLSBOROUGH COUNTY  
TAMPA, FLORIDA 33601**

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**BOARD POLICY – SECTION NUMBER 07.17.00.00:**

**SUBJECT: COMMISSIONER’S AIDE, INTERN AND VOLUNTEER  
DISCLOSURE / CONFLICT OF INTEREST**

**EFFECTIVE DATE: June 6, 2012**

**SUPERSEDES: DECEMBER 16, 2009**

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**PURPOSE AND POLICY**

To require Commissioners’ Aides, and interns and volunteers of the Hillsborough County Board of County Commissioners or an individual Commissioner’s office (hereinafter “covered persons”) to disclose potential conflicts of interests, including outside business interests and activities. To establish procedures for determining if such outside business interests and activities are in conflict with the covered person’s duties, or are otherwise not within the best interest of Hillsborough County.

Covered persons are prohibited from having any direct or indirect outside business interest, financial or otherwise, engaging in any business transaction, engaging in any professional activity, including outside employment, or incurring any obligation of any nature that is in conflict with the covered person’s duties, the business of the Board of County Commissioners, or otherwise not within the best interest of Hillsborough County.

Further, covered persons are specifically prohibited from renting, leasing, or selling any realty, goods, or services to the County, having or holding any employment with any business entity doing business with the County, or having or holding any employment or contractual relationship that will create a conflict between the covered person’s private interests and the performance of the covered person’s official public duties or that would impede the full and faithful discharge of said official public duties.

Covered persons are required to timely disclose any and all actual or potential conflicts of interest in accordance with the procedures and timelines outlined in this policy.

I. Procedure

A. Covered persons are required to complete a *Disclosure Questionnaire (Attachment 1)* within forty-five (45) days of being hired or beginning service with Hillsborough County and/or

- Any other change in employment, intern or volunteer status resulting in a change in job title or a significant change in duties.

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- B. In addition to the requirement in Paragraph 1 above, covered persons are required to complete a *Disclosure Questionnaire* (Attachment 1) within forty-five (45) days of any change in the covered person's "conflict of interest" status. For the purposes of this policy, a change in conflict of interest status includes, but is not limited to:
- The covered person being employed by, or serving as an independent contractor for, any person or entity other than Hillsborough County, including self-employment.
  - The covered person, or the covered person's spouse or child, owning a business in whole or part, directly or indirectly.
  - The covered person, or the covered person's spouse or child, owning more than five percent (5%) of the total stock of any business.
  - The covered person, or the covered person's spouse or child, entering into a contractual relationship that may create a conflict between the covered person's private interests and the performance of the covered person's official public duties or that may impede the full and faithful discharge of said official public duties.
  - The covered person, or the covered person's spouse or child, serving as an officer, partner, director, or proprietor of any business entity.
  - The covered person receiving any salary or payment, other than retirement benefits, from a person or an entity other than Hillsborough County.
  - The covered person receiving rental proceeds from any real property.
  - The covered person having an active or inactive professional or business license that may directly or indirectly relate to the business of the Commissioner for whom he or she works, or the Commission.
- C. Depending upon the covered person's responses to the Disclosure Questionnaire (Attachment 1), it may be necessary for the covered person to also complete a Disclosure Statement (Attachment 2) within the above-specified timeframes.
- D. Completed Disclosure Questionnaires and completed Disclosure Statements shall be submitted by the covered person to the covered

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person's Commissioner for review. Interns or volunteers working for the Board shall submit completed Disclosure Questionnaires and completed Disclosure Statements to the Chairperson.

- E. The Commissioner (or Chairperson, as applicable) will then seek advice from the County Attorney who will work with the Human Resources Director to provide guidance and a recommendation as to whether a conflict of interest exists.
- F. Where the Commissioner (or Chairperson, as applicable) determines that a conflict of interest exists, the Commissioner shall inform the covered person in writing and provide the covered person with a reasonable period of time, within the sole discretion of the Commissioner, to resolve the conflict of interest to the satisfaction of the Commissioner.
- G. The covered person shall submit proof to the Commissioner (or Chairperson, as applicable) of the resolution of any conflict of interest within the specified time frame.
- H. All documents created by or utilized by the Commissioner (or Chairperson, as applicable) in determining whether or not a conflict of interest exists shall be kept in the covered person's personnel or intern/volunteer file.
- I. The Commissioner's Aide may be subject to discipline, up to and including dismissal, and the intern or volunteer may be subject to dismissal from service of the County for:
  - Failure to timely submit a required Disclosure Questionnaire or Disclosure Statement, or additional information requested by the Commissioner.
  - Providing false or incomplete information on a required Disclosure Questionnaire or Disclosure Statement.
  - Providing false or incomplete information to the Commissioner or making false or misleading statements to the Commissioner.
  - Failure to timely resolve any conflict of interest found by the Commissioner to the satisfaction of the Commissioner.

**Approved By:** Board of County Commissioners  
**Approval Date:** December 16, 2009

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**ATTACHMENT 1:**

**DISCLOSURE QUESTIONNAIRE**

In accordance with BOCC Policy 07.17.00.00 Commissioner's Aide, Intern and Volunteer Disclosure/Conflict of Interest, covered persons are required to complete this **Disclosure Questionnaire** (BOCC Policy 07.17.00.00 - Attachment 1) within forty-five (45) calendar days of any employment action or change in conflict of interest status specified in the policy.

Depending on your responses on the **Disclosure Questionnaire**, you may **also** be required to complete a **Disclosure Statement** (BOCC Policy 07.17.00.00 - Attachment 2) within forty-five (45) calendar days of any employment action or change in conflict of interest status specified in the policy. If you answer "YES" to any of the questions below, you **must** complete a Disclosure Statement.

Please return your completed **Disclosure Questionnaire** and your completed **Disclosure Statement**, where required, to your Commissioner for review. (Interns and volunteers working for the Board return these to the Chairperson.) You must submit the **Disclosure Questionnaire** to your Commissioner (or Chairperson, if applicable) even if you answer "NO" to every question below. If you answer "YES" to **any** question below, you must also submit a completed **Disclosure Statement** to your Commissioner (or Chairperson, if applicable) along with your **Disclosure Questionnaire**.

Please Note: Failure to timely submit a required **Disclosure Questionnaire** or **Disclosure Statement**, or providing false or incomplete information on a **Disclosure Questionnaire** or **Disclosure Statement** shall subject you to discipline or dismissal from service.

The following questions will aid you in determining whether you are required to file a **Disclosure Statement**. Please truthfully answer each question "YES" or "NO." If you answer "YES" to any question, you **must** complete a **Disclosure Statement**.

(1) Do you work for any person or entity other than Hillsborough County, including self-employment or independent contractor work? \_\_\_\_\_

(2) Do you, your spouse, or your child own a business in whole or part, directly or indirectly? \_\_\_\_\_

(3) Do you, your spouse, or child own more than 5% of the total stock of any business entity? \_\_\_\_\_

(4) Do you, your spouse, or your child have a contract with, or interests in a business entity which does business with the County? \_\_\_\_\_

(5) Are you, your spouse, or your child an officer, partner, director or proprietor of any business entity? \_\_\_\_\_

(6) Do you receive a salary or payment from any person or entity besides the County? (other than retirement benefits) \_\_\_\_\_

(7) Do you receive rental proceeds from any real property? \_\_\_\_\_

(8) Do you have a professional or business license, in an active or inactive status that may directly or indirectly relate to the business of your Department? \_\_\_\_\_

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND BOCC POLICY 07.17.00.00, COMMISSIONER'S AIDE, INTERN AND VOLUNTEER DISCLOSURE/CONFLICT OF INTEREST AND THE DISCLOSURE QUESTIONNAIRE. I CERTIFY THAT MY ANSWERS TO THE QUESTIONS ARE CORRECT AND COMPLETE.**

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

Employee ID# (if applicable): \_\_\_\_\_

Signature of Commissioner: \_\_\_\_\_ Date: \_\_\_\_\_

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**ATTACHMENT 2:**

**DISCLOSURE STATEMENT**

In accordance with BOCC Policy 07.17.00.00, Commissioner's Aide, Intern and Volunteer Disclosure/Conflict of Interest, covered persons are required to complete a **Disclosure Questionnaire** (BOCC Policy 07.17.00.00 - Attachment 1) within forty-five (45) calendar days of any employment action or change in conflict of interest status specified in the policy.

If you answered "YES" to any of the questions on the **Disclosure Questionnaire**, you are required to complete this **Disclosure Statement** (BOCC Policy 07.17.00.00 - Attachment 2) within forty-five (45) calendar days of any employment action or change in conflict of interest status specified in the policy.

Please return your completed **Disclosure Questionnaire** and your completed **Disclosure Statement** to your Commissioner (or Chairperson, as applicable) for review.

Please Note: Failure to timely submit a required **Disclosure Questionnaire** or **Disclosure Statement**, or providing false or incomplete information on a **Disclosure Questionnaire** or **Disclosure Statement** shall subject you to discipline or dismissal from service.

**COVERED PERSON INFORMATION:**

Covered Person's Name: \_\_\_\_\_ Employee ID# (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Position Held with Hillsborough County: \_\_\_\_\_

Duties with Hillsborough County \_\_\_\_\_

**TYPE OF DISCLOSURE: (Select and complete all that apply)**

1) Outside Employment (including self-employment and independent contractor work)

Name of Outside Employer: \_\_\_\_\_

Address of Outside Employer: \_\_\_\_\_

Job Duties: \_\_\_\_\_

2) Business Ownership  Self  Spouse  Child

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Principal Business Activities: \_\_\_\_\_

3) Stock Ownership

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Principal Business Activities: \_\_\_\_\_

Percentage of Total Stock Owned: \_\_\_\_\_

4) Contractual Relationship  Self  Spouse  Child

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Nature of Business-County Relationship: \_\_\_\_\_

Nature of Contract: \_\_\_\_\_

5) Business Management:  Self  Spouse  Child  
Name of Business: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
Principal Business Activities: \_\_\_\_\_  
Position:  Officer  Director  Partner  Proprietor  Associate  Agent

6) Salaries and Payments (Exclude Retirement Benefits):  Salary  Payment  
Source of Salary/Payment: \_\_\_\_\_  
Address of Source: \_\_\_\_\_  
Nature of Salary/Payment: \_\_\_\_\_  
Amount and Frequency: \_\_\_\_\_

7) Rental Proceeds:  
Owner:  Yes  No; If no, Name of Owner: \_\_\_\_\_  
Type of Rental:  Commercial  Residential  
Address of Rental Property: \_\_\_\_\_  
Amount and Frequency of Rent: \_\_\_\_\_  
Name of Leaseholder/Tenant: \_\_\_\_\_

8) Professional Licenses:  
Type of License: \_\_\_\_\_  
Status of License:  Active  Inactive  
This license is  Required  Preferred or  Reimbursed by the County for my job  Not Applicable

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND BOCC POLICY 07.17.00.00, COMMISSIONER'S AIDE, INTERN AND VOLUNTEER DISCLOSURE/CONFLICT OF INTEREST AND THE DISCLOSURE STATEMENT. I CERTIFY THAT MY ANSWERS TO THE QUESTIONS ARE CORRECT AND COMPLETE.**

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

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**TO BE COMPLETED BY THE COMMISSIONER (OR CHAIRPERSON, AS APPLICABLE)**

Anticipated County activities or duties of the above covered person: \_\_\_\_\_  
\_\_\_\_\_

Anticipated business entities that the covered person may come into contact during employment: \_\_\_\_\_  
\_\_\_\_\_

Having evaluated the covered person's above stated interest, it is opined that a conflict  Does  Does Not  May exist.

It is recommended that approval:

- Be granted
- Not be granted

Signature of Commissioner: \_\_\_\_\_ Date: \_\_\_\_\_