

Wake County Smart Start North Carolina Pre-Kindergarten (NC Pre-K) Conflict of Interest Statement for CLASS Assessors

Completion of this form is required annually in order to fully disclose any relationships that CLASS Assessors have to Wake County Smart Start North Carolina Pre-Kindergarten (NC Pre-K) programs. The purpose is to empower transparency and integrity regarding CLASS Assessments and those who provide them by avoiding any actual or apparent conflict of interest.

Name: _____

Employer: _____

Preliminary note: In order to be more comprehensive, this disclosure statement requires you to provide information with respect to certain parties that are related to you or any material financial interest of your family members or yourself.

A "Family Member" includes your spouse, parent, child, brother, sister, or spouse of a child, brother, or sister

A "Material Financial Interest" includes the following:

- a. A financial interest of any kind, which would affect a responsible person's or family member's judgment.
- b. A responsible person accepting gifts, entertainment or other favors from any individual or entity that:
 - i. does or is seeking to do business with any Wake County Smart Start NC Pre-K center or
 - ii. has received, is receiving or is seeking to receive financial commitments where it might be inferred that such action was intended to influence or possibly would influence the responsible person in the performance of his or her duties.

Do you and/or any family member:

- Receive Wake County Smart Start NC Pre-K funding? ____Yes ____No If yes, please describe:

- Serve on a Board of Directors for any Wake County Smart Start NC Pre-K program or center? ____Yes ____No
If yes, please list: _____
- Have any material financial interest in any company doing business with Wake County Smart Start NC Pre-K?
____Yes ____No If yes, please describe: _____
- Benefit from or have a material financial interest in any program funded by Wake County Smart Start NC Pre-K?
____Yes ____No If yes, please describe: _____
- Hold employment at an agency receiving Wake County Smart Start NC Pre-K funding? ____Yes ____No If yes,
please describe: _____

- Have any supervisory responsibility for a Wake County Smart Start NC Pre-K funded program? ____Yes ____No
- Do you directly supervise the program that is funded? ____Yes ____No

If yes, please list the program name: _____

- Attend a Wake County Smart Start NC Pre-K funded program? ____Yes ____No

If yes, please list the program name: _____

Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be considered in accordance with the terms and intent of this Wake County Smart Start NC Pre-K Conflict of Interest Policy? ____Yes ____No

If yes, please describe the situation(s) and if a family member is involved, the identity of the family member and your relationship with that person:

I HEREBY CONFIRM that I have read and understand Wake County Smart Start NC Pre-K Conflict of Interest Policy and that my responses to the above questions are complete and correct to the best of my knowledge and belief. I agree that if I become aware of any information that might indicate that this disclosure is inaccurate or that I have not complied with this Policy, I will notify Wake County Smart Start immediately.

Signature _____

Date _____

To be completed by site administrator

This statement has been reviewed by the administrator of (site name) _____

There is no indication of actual or apparent conflict of interest. (copy of application onsite)

Applicant holds current CLASS Observer Certification. (copy on file with site)

Certification expires _____

Administrator Signature _____ Date _____

Updated July 2019