

**CONFLICT OF INTEREST POLICY**  
**TOMPKINS COUNTY STRATEGIC TOURISM PLANNING BOARD**

*Adopted as an internal board policy via unanimous STPB vote, March 2009*

Tompkins County depends on volunteers to serve on its Strategic Tourism Planning Board (STPB). STPB members have varied backgrounds and interests. They are active in the community in their professional and private endeavors. Consequently, situations may arise that create a conflict of interest.

This policy applies to all current members of the STPB and all members of any advisory committee involved in the decision making process. It is expected that all persons subject to this policy will conduct themselves honestly and fairly when dealing with STPB business.

A conflict of interest is defined as an activity or interest of a Board member that may cause bias for or against a particular action being considered by the Board such as a grant request. A conflict of interest will be presumed when the Board member or household member has a formal affiliation or interest in an organization, which could expect funding from a particular decision.

Whenever a Board member identifies that a conflict of interest may exist with a funding request, policy decision, or any voting matter considered by the STPB or one of its Committees, the member will inform the STPB Chair or the Committee Chair of the conflict. The Board member may (or may not) participate in the discussion at the appropriate Chair's discretion, but will refrain from voting on the specific request.

At the beginning of each calendar year, current STPB members will complete the Annual Conflict of Interest Disclosure Form. The forms will be given to the Chair and kept on file by the Administrative Assistant of the STPB. This information will be made available to all members of the STPB.

**CONFLICT OF INTEREST DISCLOSURE FORM**  
**TOMPKINS COUNTY STRATEGIC TOURISM PLANNING BOARD**

*To be completed annually by all STPB members*

I recognize that in my capacity as a Member of the STPB that a conflict of interest may arise due to my employment or my relationship to other organizations or programs. I hereby disclose the following with whom I am affiliated.

ORGANIZATIONS

Organizations active in Tompkins County with whom I, or a household member, are affiliated as a Board Member, or in a decision making capacity:

Name of Organization	Affiliation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

BUSINESSES

All local businesses in Tompkins County in which I, or a household member have ownership or employment that could potentially receive funds from the Tompkins County Tourism Program.

Name of Business	Affiliation
_____	_____
_____	_____
_____	_____

I certify that I have read, understand and agree to abide by STPB's Conflict of Interest Policy and that the information provided above is accurate and true. If I or a household member experience a change in employment or any change in relationship with organizations or businesses which might cause a conflict of interest with the STPB, I will disclose this information to the Chair and amend this Conflict of Interest Disclosure Form.

_____	_____
Print Name	Seat Representation
_____	_____
Signature	Date