CITY OF HASTINGS

CONFLICT OF INTEREST POLICY AND STATEMENT

Policy

Purpose. The purpose of this Policy is to acknowledge that the personal interests of a City officer may, from time to time, conflict with the City's programs and best interests; to define a conflict of interest; to establish a procedure designed to ensure that City officers will not participate in a City decision, transaction, or arrangement in which they have a conflict of interest; and, to require each officer to annually affirm their understanding of, commitment to, and compliance with this Policy.

Individuals Subject to this Policy. This Policy applies to all City of Hastings officers, elective and appointive.

Definition of Conflict of Interest. A conflict of interest exists if an individual's position or authority at the City may be used to influence a City decision, transaction, or arrangement that leads or may lead to any form of financial or substantial personal gain of the individual, their family, or their outside employer.

Procedures for Handling a Conflict of Interest. An individual may recuse themselves at any time from involvement in any discussion or decision, at a meeting or otherwise, in which the individual believes they have or may have a conflict of interest. If an individual has a question about whether a conflict of interest exists, they should disclose the potential conflict of interest, in sufficient detail, to the City Mayor or the City Manager. Each covered individual has a continuing duty of disclosure. A disclosure shall be made promptly on knowledge of the potential conflict, but not later than a council, board, or committee meeting at which a vote will be cast that may be influenced by the potential conflict of interest. After such disclosure and in the absence of self-recusal, the City's legal counsel shall determine whether a material conflict of interest exists. If it is determined that a conflict exists, the individual will not participate in the discussion, decision, or vote on the matter in question. The minutes of such a meeting shall reflect that a disclosure was made, that a determination was made by the City's legal counsel, and that the subject individual did or did not participate in the discussion, decision, or vote on the matter in question.

Enforcement. If an individual fails to disclose an actual or potential conflict of interest, or fails to otherwise comply with this Policy, the matter shall be referred to the City Clerk and City Manager for appropriate action, which may include, but is not necessarily limited to, removal of the individual from office.

Annual Conflict of Interest Statement. Annually, each individual shall sign this Conflict of Interest Policy and Statement and shall disclose, at that time, any actual or potential conflict(s) known to the individual. Each individual shall have an on-going obligation to promptly notify the appropriate individual, council, board, or committee of any actual or potential conflict and to be in full compliance with this Policy.

Annual Conflict of Interest Statement

I, the undersigned individual, agree as follows:

1. I have received a copy of this Conflict of Interest Policy and Statement;
2. I have read and understand the Policy;
3. I acknowledge a continuing duty of disclosure;
4. I have, and shall, comply with this Policy;
5. I understand that, if a conflict or potential conflict of interest is known to me at this time, I have a duty to and shall disclose the conflict below; and
6. I understand that, if the disclosed information in this annual statement changes in any material respect, I shall disclose such a change as required by this Policy and shall appropriately revise this annual statement and submit to the City Clerk/Treasurer/Director of Finance.

I, the undersigned individual, am, at the date set forth below:

☐ Not aware of a conflict or potential conflict of interest, as defined by this Policy.

☐ Am aware of an actual or potential conflict of interest, as defined by this Policy. The conflict or potential conflict of interest is described as follows:_____

_____

_____

_____

_____ _____

Date Signature

_____

Printed name

_____

Position

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