

NEW YORK STATE ASSOCIATION FOR RURAL HEALTH

**Questionnaire Concerning Interests and
Affirmation of Organization Policies**

Part A: To be Completed by Directors, Director Nominees, Officers and Key Employees

“Organization,” as referred herein, means the New York State Association for Rural Health (NYSARH) and any affiliate of the Organization.

- 1. Please identify any and all entities of which you are an employee or an officer, director, trustee, or member owner (either as a sole proprietor or a partner):

HWNY CEO, NAHEC CEO, CNYAHEC CEO, CPNC Board Member, United Helpers Board Member, MSI AHEC Board Member, FDRHPO Board Member

- 2. Please identify, to the best of your knowledge, any and all transactions in which the Organization is a participant and in which you have or might have a financial or personal interest:

NAHEC is entering into a contract for delivery of administrative and financial services (07/2019)

3. Have you or any “relative” (defined as spouse, ancestors, brothers and sisters, whether whole or half blood, children, whether natural or adopted, grandchildren, great-grandchildren, and spouses of brothers, sisters, children, grandchildren, and great-grandchildren; or domestic partner as defined in section twenty-nine hundred forty-four-a of the public health law), had or engaged in any of the following in the past 12 months?

	Yes	No
a. A direct or indirect interest (financial or otherwise) in a transaction, agreement or any other arrangement and in which the Organization participates?	X	X
b. A compensation arrangement or other interest in or affiliation with any entity or individual that: (a) sells goods or services to, or purchases goods or services from, the Organization; (b) competes with the Organization; or (c) the Organization has, or is negotiating, or contemplating negotiating, any other transaction or arrangement with?		X
c. Used your/their position, or confidential information or the assets of the Organization to your/their (or an affiliated party’s) personal advantage or for an improper or illegal purpose?		X
d. Solicited or accepted any gift, entertainment, or other favor where such gift might create the appearance of influence on you/them (other than gifts of nominal value, which are clearly tokens of respect and friendship unrelated to any particular transaction)?		X
e. Acquired any property or other rights in which the Organization has, or you/they know or have reason to believe at the time of acquisition that the Organization is likely to have, an interest?		X
f. An opportunity related to the activities of the Organization that is available to the Organization or to you/them, unless the Board has made an informed decision that the Organization will not pursue that opportunity?		X
g. Indebtedness to the Organization, other than for amounts due for ordinary travel and expense advances?		X
h. Any other circumstances that may, in fact or in appearance, make it difficult for you/them to exercise independent, objective judgment or otherwise perform effectively?		X

If yes, to any of the above please describe the relevant facts (attach a separate sheet if necessary):

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Part B: To be completed by all persons serving on the Board of Directors

	Yes	No
a. Have you been an employee of the Organization within the last three years?		X
b. Do you have a "relative" (as defined in Part A) who has been a "key employee" (defined as any employee of the Organization who is in a position to exercise substantial influence over its affairs) within the last three years?		X
c. Have you received and/or do you have a relative who has received more than \$10,000 in direct compensation from the Organization in any of the last three fiscal years (not including reasonable compensation or reimbursement for services as a director)?		X
d. Do you have a financial interest in and/or are you an employee of, any entity that has made payments to or received payments from, the Organization in excess of the lesser of: (a) \$25,000 or (b) 2% of such entity's consolidated gross revenue over the last three years (which payments do not include charitable contributions)? If so, what is or was the nature of your financial interest or relationship?		X
e. Do you have a relative who has a financial interest in and/or who is an officer of, any entity that has made payments to or received payments from, the Organization in excess of the lesser of: (a) \$25,000 or (b) 2% of such entity's consolidated gross revenue over the last three years (which payments do not include charitable contributions)? If so, what is or was the nature of your relative's financial interest or relationship?		X

If yes, to any of the above please describe the relevant facts (attach a separate sheet if necessary):

AFFIRMATION. I hereby acknowledge receiving a copy of the Organization's Conflict of Interest Policy.

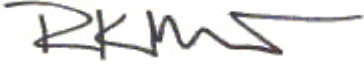
I understand that the Organization is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

I have disclosed above any and all activities and interests to the best of my knowledge that might possibly constitute a conflict of interest.

I agree to refrain from voting or using my personal influence on any matter that may represent a conflict of interest.

I understand that I have an affirmative obligation at all times to report any changes in my responses that may result from changes in circumstances before my next annual disclosure is due.

Printed Name: Richard K Merchant Date: 12 June 2019

Signature: 

For Office Use Only

Date reviewed: _____ By whom reviewed: _____

If the person completing this form is a Director, is he/she Independent? Yes No

If "no," please describe the reason why he/she is not Independent:

At this time, is the Committee aware of any conflict pertaining to this individual? Yes No

If "yes," please describe: _____

Additional Comments: _____

Printed Name of Reviewer: _____

Signature of reviewer: _____

Title: _____