

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):

A² Associates, LLC

Chautauque County Education Coalition - Treasurer

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:

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?		✓
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?		✓
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?		✓
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)?		✓
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?		✓
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?		✓
g. Indebtedness to the Organization, other than for amounts due for ordinary travel and expense advances?		✓
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?		✓

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

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?		✓
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?		✓
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)?		✓
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?		✓
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?		✓

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: Ann Morse Abdella

Date: 9/27/19

Signature: Ann Morse Abdella

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: _____

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):

Healthy Community Alliance, Inc (employee)
Western NY Integrated Care Collaborative (WN^{Board}ICC)
Western NY Public Health Alliance (Board)
NYSARH (Board)

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:

HCA Pays annual dues to NYSARH
HCA due to receive funding through
NYSARH subcontracts for Senate appropriation to RHNAP
(pending)
HCA sponsors annual conference as a RHN.

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?		/
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?		/
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?		/
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)?		/
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?		/
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?		/
g. Indebtedness to the Organization, other than for amounts due for ordinary travel and expense advances?		/
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?		/

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

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?		/
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?		/
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)?		/
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?		Not at this signing
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?		/

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.

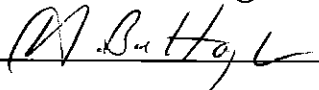
I have disclosed above any and all activities and interests to the best of my knowledge that might possibly constitute a conflict of interest.

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: Ann Battaglia

Date: 9/27/19

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: _____

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):

SWB Consulting Services

Town Board Town of Marlius

Town of Marlius Democratic Committee

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:

I am a sub-contractor to NAHEC for
the NYSARH contract

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?	✓	
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?	✓	
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?		✓
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)?		✓
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?		✓
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?		✓
g. Indebtedness to the Organization, other than for amounts due for ordinary travel and expense advances?		✓
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?		✓

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

I have a contract for work on behalf NYSARCH

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

	Yes	No
a. Have you been an <u>contractee</u> employee of the Organization within the last three years?	✓	
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?		✓
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)?	✓	
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?		✓
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?		✓

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.

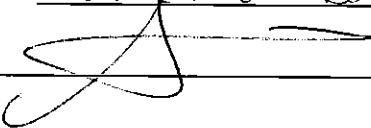
I have disclosed above any and all activities and interests to the best of my knowledge that might possibly constitute a conflict of interest.

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: Sara Walsh Bollinger

Date: 9/27/19

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: _____

Barry BROGAN

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

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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):

North Country Behavioral Healthcare Network

North country management services LLC

Adirondack Amateur Radio Assoc.

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:

NONE known

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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
g. Indebtedness to the Organization, other than for amounts due for ordinary travel and expense advances?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>

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

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?		Q
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?		R
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)?		R
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?		P
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?		Y

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.

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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: Barry Brogan

Date: 9/27/2019

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: _____

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):

I work for Human Service Development. _____

I am the sole proprietor of Chrisler Consulting Solutions. _____

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:

None _____

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
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):

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

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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: Derrick Chrisler

Date: October 2, 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: _____

NEW YORK STATE ASSOCIATION FOR RURAL HEALTH

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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):

Lake Plains Community Care Network, Inc

NYSARH - BOB

Darien Emergency Medical Service - Secretary

Program Agency - EMS - NYS DOH - Director

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:

- N/A other than membership due to NYSARH

- Pending - Funding from the RHAPP

- Sponsorship for annual Conference

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?		✓
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?		✓
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?		✓
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)?		✓
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?		✓
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?		✓
g. Indebtedness to the Organization, other than for amounts due for ordinary travel and expense advances?		✓
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?		✓

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

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?		✓
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?		✓
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)?		✓
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?		✓
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?		✓

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.

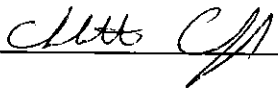
I have disclosed above any and all activities and interests to the best of my knowledge that might possibly constitute a conflict of interest.

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: Charlotte Crawford

Date: 9/27/19

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: _____

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):

Adirondack Health - President/CEO

AHI - Board member / partner

Adirondack ACO - member, ~~Board~~ vice chair of Board

HANYS - Board member

IHA - Board member - Exec. Comm. member

NYSARH - 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:

NONE

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
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):

N/A

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):

N/A

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: Sylvia Getman

Date: 10/16/19

Signature:

Sylvia Getman

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: _____

Richard G. Kezel

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):

FDRHPO Fort Drum Regional Health
Planning Organization
member Board of Directors

Syracuse VA Medical Center (retired)
retained as a (WOC) Without Compensation Employee

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:

None

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
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):

None

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):

None

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 G. KAZEL

Date: Sept. 27, 2019

Signature: Richard G. Kazel

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: _____

Jenny Leszyk

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):

Hudson Headwaters Health Network

UNYPR - Upstate New York Physician Recruiters (BOD)

HMAHEC BOD

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:

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?		✓
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?		✓
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?		✓
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)?		✓
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?		✓
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?		✓
g. Indebtedness to the Organization, other than for amounts due for ordinary travel and expense advances?		✓
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?		✓

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

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?		✓
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?		✓
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)?		✓
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?		✓
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?		✓

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: Jennifer Leszyk

Date: 9/27/19

Signature: Jennifer Leszyk

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: _____

Nancy McGowan

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):

Sullivan County Public Health Services - Director ^{Public Health}
NYSACHO - Board member, Finance Committee
Sullivan 180 - Advisory Committee, Policy Committee
Sullivan Co. Cornell Cooperative Extension, Program Advisory Committee
Alan Milk Memorial VFW Auxiliary Post 7276, Long Eddy, NY
Sullivan County Rural Health Network - board member
(Director of lead agency)

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:

Sullivan County Rural Health Network
Sullivan County Public Health Services

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?		✓
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?		✓
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?		✓
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)?		✓
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?		✓
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?		✓
g. Indebtedness to the Organization, other than for amounts due for ordinary travel and expense advances?		✓
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?		✓

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

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?		✓
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?		✓
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)?		✓
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?		✓
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?		✓

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: Nancy McGraw

Date: 9/27/19

Signature: Nancy McGraw

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: _____

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):

Foundation for Community Health - employee
New England Rural Health Association - Officer/Board
Advisory Board - Grace Immigrant Org.

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:

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?		✓
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?		✓
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?		✓
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)?		✓
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?		✓
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?		✓
g. Indebtedness to the Organization, other than for amounts due for ordinary travel and expense advances?		✓
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?		✓

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

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?		✓
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?		✓
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)?		✓
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?		✓
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?		✓

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: GERTRUDE O'SULLIVAN

Date: 27 Sept 2019

Signature: Gertrude O'Sullivan

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: _____

Claire Parde

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, officer, director, trustee, or owner (either as a sole proprietor or a partner):

I am the Executive Director of the Columbia County Community Healthcare Consortium, Inc.
I am a Board member of the Catskill-Hudson Area Health Education Ctr.
I am a Trustee of Columbia Memorial Hospital
I am a Board Member of Twin County Recovery Services, Inc.
I am a Board Member of Kaaterskill Commons (senior housing)

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:

There are no transactions of which I am aware in which
NYSARH participates and in which I have a financial
or personal interest

3. A "relative" is defined as a 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). Have you or any relative of yours 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 in which the Organization participates?		✓
b. A compensation arrangement or other interest 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, is negotiating, or is contemplating negotiating any other transaction or arrangement?		✓
c. Used your/their position, or confidential information or the assets of the Organization to your/their personal advantage or for an improper or illegal purpose?		✓
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)?		✓
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?		✓
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?		✓
g. Indebtedness to the Organization, other than for amounts due for ordinary travel and expense advances?		✓
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?		✓

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

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?		✓
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?		✓
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)?		✓
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?		✓
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?		✓

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: Claire Parde

Date: ~~10/18/2019~~ 10/18/2019

Signature: Claire Parde

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):

The chaotawgon center, HealthELink

M. Hennum Collaborative Care, Workforce Investment Board

Safety Net Association of Primary Care Affiliated Providers (SNAPCAP, SNAP AP IPA)

Chamber of Commerce, Community Health Center Association of NYS (CHCA-NYS)

National Association of Community Health Centers, Chaotawgon IDS

Jonestown Community College

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:

N/A

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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
g. Indebtedness to the Organization, other than for amounts due for ordinary travel and expense advances?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>

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

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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>

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: Michael Chase

Date: 10/11/19

Signature: 

Paul Pettit

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):

employee - Genesee + Orleans County, SONY Brockport (adjunct)
Boards - NYSARH, Lake Plains CCN, R-ATTEC, HealthLink,
Albion Free Methodist church, WNY Public Health Alliance,
Albion Running Club

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:

R-ATTEC
Lake Plains CCN

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
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):

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: PAUL PETTIT

Date: 9/27/19

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: _____

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):

Western New York Rural Area Health Education
Center, Inc.

- 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:

None

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
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):

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):

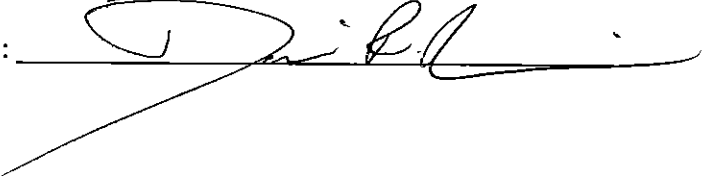
AFFIRMATION. I hereby acknowledge receiving a copy of the Organization's Conflict of Interest Policy.

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: David R. Riddell Date: 9/27/19
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: _____

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):

SUNY Upstate Medical University

CNY AHRC - Regional Director

Upstate Family Medicine & Preventive Care

National Rural Health Association

Society of Teachers of Family Medicine

Syracuse University, Albany College of Pharmacy & Health Professions

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:

NONE

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
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 <u>illegal</u> 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):

None //

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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>

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

N/A

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.

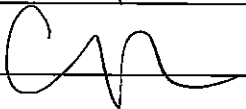
I have disclosed above any and all activities and interests to the best of my knowledge that might possibly constitute a conflict of interest.

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: Carrie A. Roseamelia

Date: 9/27/2019

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: _____

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):

Rural Health Network of SCNY - Executive Director

Care Compass Network, PPS - Secretary BOD.

Peaceful by Nature Farm, PARTNER

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:

Rural Health Network SCNY - current contract +

pending contract with NYSARH

1) contract (current) communications, etc for Social Determinant Measurement Project (\$5,530)

2) contract (pending) NYS RHN/Rural Hospital grant.

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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
g. Indebtedness to the Organization, other than for amounts due for ordinary travel and expense advances?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>

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

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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>

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: John C. Salo

Date: 9-27-19

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: _____

Mary Zelazny

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):

CEO - Finger Lakes Community Health
CHCAWYS - Board

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:

None

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?		✓
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?		✓
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?		✓
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)?		✓
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?		✓
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?		✓
g. Indebtedness to the Organization, other than for amounts due for ordinary travel and expense advances?		✓
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?		✓

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

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?		✓
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?		✓
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)?		✓
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?		✓
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?		✓

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: Mary Zeleny

Date: 10/15/19

Signature: Mary Zeleny

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: _____

