

**CONFLICT OF INTEREST DISCLOSURE FORM,  
HABITAT CONSERVATION FUND**

**Part I**

Name: \_\_\_\_\_ Applicant Phone # \_\_\_\_\_  
Title: \_\_\_\_\_ Applicant Email \_\_\_\_\_  
Organization: \_\_\_\_\_ Date \_\_\_\_\_

This form is intended for those persons who are disclosing a conflict of interest. The Department of Natural Resources and Renewables (DNRR) will make a determination as to whether the conflict of interest will be permitted and funding approved and inform the Nova Scotia Habitat Conservation Fund (NSHCF) Board of Directors, as appropriate.

<b>Indicate the conflict of interest situation(s) you wish to disclose:</b>	<b>YES</b>
Interest in applying for funding from the Habitat Conservation Fund	<input type="checkbox"/>

Describe the Conflict of Interest Situation(s): (Attach pages if necessary)

See the definition below. If insufficient details are submitted, DNRR may request additional information.

The completed form and any additional pages must be submitted DNRR along with the completed application form.

**Definitions**

**Conflict of Interest** – A conflict of interest exists in any situation where the applicant or an immediate family member of the applicant of this fund is an employee/a contractor or consultant of the Habitat Conservation Fund Board of Directors, or a DNRR staff member involved in the tracking, inspecting, auditing, or approving of the program.

A conflict of interest will not necessarily preclude funding of an applicant, but it must be disclosed by the applicant.

**Employee** – Any person who is currently employed by the 3<sup>rd</sup> party administrator.

**Immediate Family Member** – a parent, sibling, or child of an applicant who is an HCF Board of Directors or Departmental staff member.

If, at any time following the signing of the Conflict of Interest Disclosure Form, there occurs any material change to the information provided regarding the conflict of interest, either by way of addition or deletion, I will file an amended Disclosure Form to the same mailing address, as appropriate. NOTICE: The personal information collected on this form is collected for the purpose of assessing a potential conflict of interest in accordance with the Habitat Conservation Fund Agreement.

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**PART II (DNRR only)**

RECOMMENDATION OF DEPARTMENT OF NATURAL RESOURCES AND RENEWABLES, WILDLIFE DIVISION OF RENEWABLE RESOURCES BRANCH.

This section must be completed by the Director of Wildlife or the appropriate Program Administration Officer of the Wildlife Division.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

I \_\_\_\_\_ have considered the particulars of the situation described in PART I of the Conflict of Interest Disclosure Form and am making the following recommendations:

I. A conflict of interest exists:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
II. Funding should be:	Allowed <input type="checkbox"/>	Disallowed <input type="checkbox"/>
III. DNRR reserves the right to audit the approved grant.		
IV. If a conflict of interest exists and funding is allowed, the following conditions will apply:		