



*Sponsors of the
North Bay Regional Center
And other Programs
For persons with developmental disabilities
10 Executive Court
Napa, CA 94558
(707) 256-1224
FAX: (707) 256-1230*

*Promoting Opportunities
Supporting Choices*

BOARD OF DIRECTORS' MEMBERSHIP APPLICATION

Applicant's Name: _____
 Address: _____
 City/Zip: _____ E-mail Address: _____
 Home Phone: _____
 Work Phone: _____
 Employer: _____
 Position: _____
 Spouse's Employer: _____
 Spouse's Position: _____
 Educational Background: _____

 Professional Background: _____

 Civic Affiliations: _____

The following excerpts from the corporation's Bylaws and the Lanterman Developmental Disabilities Act are the requirements for the composition of a Regional Center Board of Directors. Please check criteria that apply to you.

1. **Directors shall be members of the corporation (Bylaws).**
 Are you a member of the corporation?
 _____ Yes
 _____ No
 _____ No, but I have attached corporate annual dues. Please issue my membership card.

2. **At least 51% of the directors shall be developmentally disabled persons, or related to developmentally disabled persons or parents, foster parents, siblings or guardians. One of the directors should be the parent of developmentally disabled person who is a resident in a Developmental Center (Bylaws and Lanterman Act.)**
 Please check all appropriate areas:
 _____ I am developmentally disabled.
 _____ I am the parent of a developmentally disabled person.
 _____ I am the foster parent of a developmentally disabled person.

- I am the sibling of a developmentally disabled person.
- I am the guardian of a developmentally disabled person.
- I am in some other way related to a developmentally disabled person.
- I am the parent of a developmentally disabled person who is a resident in a Developmental Center.

3. The Board of Directors shall include persons with legal, personnel, fiscal management, management, public relations and developmental disability program skills (Bylaws and Lanterman Act).

Please check all appropriate areas:

- I have legal skills.
- I have personnel skills.
- I have fiscal management skills.
- I have management skills.
- I have public relations skills.
- I have developmental disability program skills.

4. The Board of Directors should include representatives of the various categories of disability to be served by the Regional Center (Bylaws and Lanterman Act).

Are you an individual with, or the parent or guardian of an individual with, any of the following disabilities?

- Mental retardation
- Autism
- Cerebral Palsy
- Epilepsy
- Neurological Disorder

5. The governing Board . . . shall reflect the geographic and ethnic characteristics of the area to be served by the regional center (Lanterman Act).

Please indicate your ethnic group(s).

- Native American
- Black
- Hispanic
- Filipino
- Asian
- White
- Other: _____

6. The governing Board . . . shall be composed of individuals with demonstrated interest in, or knowledge of, developmental disabilities (Lanterman Act).

Please state your interest in, or knowledge of, developmental disabilities.

Please say below why you are interested in becoming a member of the Board of Directors of North Bay Developmental Disabilities Services, Inc.:

Date: _____

Applicant's Signature

<input type="checkbox"/> Governing Board Member
<input type="checkbox"/> Vendor Advisory on Board
<input type="checkbox"/> Executive Director
<input type="checkbox"/> Employee/Other

2. Do you or a family member² work for any entity or organization that is a regional center provider or contractor?
 yes no -- If yes, provide the name of the entity or organization and describe what services it provides for the regional center or regional center consumers. If the provider or contractor is a state or local entity, provide the specific name of the state or local entity and describe your job duties at the state or local entity.
3. Do you or a family member own or hold a position³ in an entity or organization that is a regional center provider or contractor? yes no -- If yes, provide the name of the entity or organization, describe what services it provides for the regional center or regional center consumers, and describe your or your family member's financial interest.
4. Are you a regional center advisory committee board member? yes no -- If yes, are you a member of the governing board or owner or employee of an entity or organization that provides services to the regional center or regional center consumers? yes no -- If yes, provide the name of the entity or organization and describe what services it provides for the regional center or regional center consumers.
5. If you are a regional center advisory committee board member and answered yes to all the questions in Question 4 above, do any of the following apply to you: (a) are you an officer of the regional center board; (b) do you vote on purchasing services from a regional center provider; or (c) do you vote on matters where you might have a financial interest? yes no -- If yes, please explain.

² Family member includes your spouse, domestic partner, parents, stepparents, grandparents, siblings, stepsiblings, children, stepchildren, grandchildren, and in-laws. See California Code of Regulations, title 17, sections 54505(f).

³ For purposes of this question, hold a position generally means that you or a family member is a director, officer, owner, partner, employee, or shareholder of an entity or organization that is a regional center provider or contractor. For a specific description of positions that create a conflict of interest in a regional center provider or contractor see the California Code of Regulations, title 17, sections 54520 and 54526

<input type="checkbox"/> Governing Board Member
<input type="checkbox"/> Vendor Advisory on Board
<input type="checkbox"/> Executive Director
<input type="checkbox"/> Employee/Other

6. Do any of the decisions you make when performing your job duties with the regional center have the potential to financially benefit you or a family member⁴? yes no -- If yes, please explain.

7. Are you responsible for negotiating, making,⁵ executing or approving contracts on behalf of the regional center? yes no -- If yes, please explain.

8. Do you have a financial interest in any contract⁶ with the regional center? yes no -- If yes, did you negotiate, make, execute or approve the contract on behalf of the regional center? yes no -- If yes, please explain.

9. Do any of your family members have a financial interest in any contract with the regional center? yes no
 If yes, did you negotiate, make, execute or approve the contract on behalf of the regional center? yes no
 If yes, please explain.

⁴ Generally, a decision can financially benefit you or a family member if the decision can either directly or indirectly cause you or a family member to receive a financial gain or avoid a financial loss. For a specific description of the types of decisions that can result in a financial benefit to you or a family member see the California Code of Regulations, title 17, sections 54522 and 54527.

⁵ California Code of Regulations, title 17, sections 54523(b)(2) and 54528(b)(2) describes the types of conduct which constitute involvement in the making of a contract.

⁶ For purposes of questions 8 and 9, a financial interest in a contract generally means any direct or indirect interest in a contract that can cause you or a family member to receive any sort of financial gain or avoid any sort of financial loss irrespective of the dollar amount. California Code of Regulations, title 17, sections 54523 and 54528 define when financial interests in a contract will occur.

<input type="checkbox"/> Governing Board Member
<input type="checkbox"/> Vendor Advisory on Board
<input type="checkbox"/> Executive Director
<input type="checkbox"/> Employee/Other

10. Do you evaluate employment applications or contract bids that are submitted by your family member(s)?
 yes no -- If yes, please explain.

11. Your job duties require you to act in the best interests of the regional center and regional center consumers. Do you have any circumstances or other financial interests not already discussed above that would prevent you from acting in the best interests of the regional center or its consumers? yes no -- If yes, please explain.

B. ATTESTATION

I _____ (print name) HEREBY CONFIRM that I have read and understand the regional center's Conflict of Interest Policy and that my responses to the questions in this Conflict of Interest Reporting Statement are complete, true, and correct to the best of my information and belief. I agree that if I become aware of any information that might indicate that this statement is not accurate or that I have not complied with the regional center's Conflict of Interest Policy or the applicable conflict of interest laws, I will notify the regional center's designated individual immediately. I understand that knowingly providing false information on this Conflict of Interest Reporting Statement shall subject me to a civil penalty in an amount up to fifty thousand dollars (\$50,000) pursuant to Welfare and Institutions Code section 4626.

Signature _____ Date _____

INTERNAL USE ONLY

Date this Statement was received by Reviewer: _____

The reporting individual does does not have a present potential conflict of interest

Signature of Designated Reviewer

Date Review Completed

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