**North Bay** 

Developmental

**Disabilities** 

Services, Inc.

Sponsors of the
North Bay Regional Center
And other Programs
For persons with developmental disabilities
10 Executive Court
Napa, CA 945558
(707) 256-1224
FAX: (707) 256-1230

Promoting Opportunities Supporting Choices

## **BOARD OF DIRECTORS' MEMBERSHIP APPLICATION**

Applicant's Name: Address: City/Zip: Home Phone: Work Phone: Employer: Position: Spouse's Employer: Spouse's Position: Educational Background:		E-mail Address
Profess	sional Background:	
Civic Af	ffiliations:	
The foll the require to you.	lowing excerpts from the uirements for the compo	e corporation's Bylaws and the Lanterman Developmental Disabilities Act are osition of a Regional Center Board of Directors. Please check criteria that apply
1.	Are you a member of Yes No	nbers of the corporation (Bylaws). the corporation? ave attached corporate annual dues. Please issue my membership card.
disabled persons or parents, foster parents, siblings or g		ectors shall be developmentally disabled persons, or related to developmentally arents, foster parents, siblings or guardians. One of the directors should be nentally disabled person who is a resident in a Developmental Center (Bylaws

	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, o 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 Nort			
	Bay Developmental Disabilities Services, Inc.:			
	Date:Applicant's Signature			

## CONFLICT OF INTEREST REPORTING STATEMENT DS 6016 (New 08/2012)

The duties and responsibilities of your position with the regional center require you to file this Conflict of Interest Reporting Statement. The purpose of this statement is to assist you, the regional center and the Department of Developmental Services (DDS) to identify any relationships, positions or circumstances involving you which may create a conflict of interest between your regional center duties and obligations, and any other financial interests and/or relationships that you may have. In order to be comprehensive, this reporting statement requires you to provide information with respect to your financial interests.

A "conflict of interest" generally exists if you have one or more personal, business, or financial interests, or relationships that would cause a reasonable person with knowledge of the relevant facts to question your impartiality with respect to your regional center duties. The specific circumstances and relationships which create a conflict of interest are set forth in the California Code of Regulations, title 17, sections 54500 through 54530. You should review these provisions to understand the specific financial interests and relationships that can create a conflict of interest.

Please answer the following questions to the best of your knowledge. If you find a question requires further explanation and/or there is not enough space to thoroughly answer the question, please attach as many additional sheets as necessary, and refer to the question number next to your answer. If the regional center identifies a conflict involving you, it will be required to prepare a conflict resolution plan. Some relevant definitions have been provided in the footnotes to assist you in responding to this statement.

You are required to file this Reporting Statement within 30 days of beginning your employment with the regional center or from the date that you are appointed to the regional center board or advisory committee board. You are then required to file an annual Reporting Statement by August 1st of every year while you remain employed with the regional center or while you are a member of the regional center board or advisory committee board. You must also file a Reporting Statement within 30 days of any change in your status that could result in a conflict of interest. Circumstances that can constitute a change in your status that can require you to file an updated Reporting Statement are described below in footnote one.

Name:	<del></del>	Regional Center:	
Regional Center Position/Title:	☐ Governing Boa☐ Vendor Adviso☐ Contractor	ord Member ory Committee sitting on Board Agent	☐ Executive Director☐ Employee☐ Consultant
Reporting Status:	☐ Annual☐ Change of Stat	New Appointment (date):	
If a change in status, date an			

Change of status includes reporting a previously unreported activity that should have been reported, change in the circumstance of a previously reported activity, change in financial interest, familial relationship, legal commitment, change in regional center position or duties. See California Code of Regulations, title 17, sections 54531(d) and 54532(d)

		☐ Employee/Olher
2.	Do you or a family member <sup>2</sup> work for any entity or organization that is a regional center progress of the entity or organization and describe what s regional center or regional center consumers. If the provider or contractor is a state or specific name of the state or local entity and describe your job duties at the state or local entity and describe your job duties.	ervices it provides for the
3.	Do you or a family member own or hold a position <sup>3</sup> in an entity or organization that is a recontractor?  yes  no If yes, provide the name of the entity or organization, provides for the regional center or regional center consumers, and describe your or your interest.	describe what conject it
4.	Are you a regional center advisory committee board member?	to the regional contacts
5.	If you are a regional center advisory committee board member and answered yes to all the above, do any of the following apply to you: (a) are you an officer of the regional center be purchasing services from a regional center provider; or (c) do you vote on matters where you interest?	nard: (h) do you you on

☐ Governing Board Member ☐ Vendor Advisory on Board ☐ Executive Director

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).

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.

		☐ Vendor Advisory on Board☐ Executive Director☐ Employee/Other
6.	Do any of the decisions you make when performing your job duties with the regional cerfinancially benefit you or a family member <sup>4</sup> ?	nter have the potential to
7.	Are you responsible for negotiating, making, sexecuting or approving contracts on behacenter?	If of the regional
8.		- If yes, did you negotiate, - If yes, please explain.
9.	Do any of your family members have a financial interest in any contract with the regional cell fyes, did you negotiate, make, execute or approve the contract on behalf of the regional cell fyes, please explain.	enter?

Governing Board Member

<sup>&</sup>lt;sup>4</sup> 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 toss. 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.

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.

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.

	☐ Governing Board Member ☐ Vendor Advisory on Board ☐ Executive Director ☐ Employee/Other
<ul><li>10. Do you evaluate employment applications or contract bids th</li><li>□ yes □ no If yes, please explain.</li></ul>	at are submitted by your family member(s)?
11. Your job duties require you to act in the best interests of the have any circumstances or other financial interests not alrea in the best interests of the regional center or its consumers?	dy discussed above that would prevent you from acting
B. ATTESTATION	
I (print name) HE regional center's Conflict of Interest Policy and that my response Statement are complete, true, and correct to the best of my infany information that might indicate that this statement is not a center's Conflict of Interest Policy or the applicable conflict of individual immediately. I understand that knowingly providing Statement shall subject me to a civil penalty in an amount up to finstitutions Code section 4626.	ormation and belief. I agree that if I become aware of accurate or that I have not complied with the regional terest laws, I will notify the regional center's designated false information on this Conflict of Interest Reporting
Signature	
INTERNAL LICE ANI V	
Date this Statement was received by Reviewer:	
The reporting individual	e a present potential conflict of interest
Signature of Designated Reviewer	Date Review Completed
<u>Z</u>	