

February 9, 2023

To Whom It May Concern

The following Salt Lake County Board of Health members have submitted a County Disclosure form for review:

- Councilmember Ann Granato, Medicaid Case Management and Fraud Investigation
- Dan Eckersley, Bout Time Pub & Grub Franchising
- Michele Corigliano, Fun Food Handlers, LLC dba Easy Food Handlers

If you have any questions, please do not hesitate to contact me.

Sincerely,



Angela C. Dunn, MD MPH  
Executive Director

Department Director

Mayor's Office Designee

**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.)

A. Ann Granato Salt Lake County Council [REDACTED]  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]  
Covered Person's County Address/Volunteer's Address

B. DHHS (State of Utah)  
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

Medicaid Case Management and Fraud Investigation

Covered person's status, relationship or commitment to the institution, entity, business or person named above

288 North 1460 West Salt Lake City Utah 84116

Address and phone number of the institution, entity, business or person named above

- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
  - I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
  - I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
  - I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
  - I hold a personal interest that creates a potential or actual conflict with my public duties.
  - None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

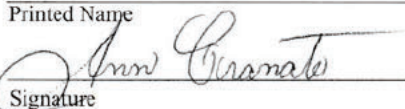
There is no conflict

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 2 day of February, 2023,  
Date Month Year

Salt Lake City, Utah 84106  
at  
City or other location, and state or county

Ann Granato  
Printed Name

  
Signature

*This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.*

**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. *(Type or print all information.)*

A. Dan Eckersley      Salt Lake County Board Of Health      385-468-4156  
Covered Person      Position, or County Division for which you are employed or volunteering      County/Volunteer's Phone  
2001 South State Street, Suite S2-600 Salt Lake City, UT 84114-4757

Covered Person's County Address/Volunteer's Address

B. Bout Time Pub & Grub Franchising  
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

Director, Operations

Covered person's status, relationship or commitment to the institution, entity, business or person named above

8180 South 700 East Ste 220, Sandy, UT 84070

Address and phone number of the institution, entity, business or person named above

C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- I hold a personal interest that creates a potential or actual conflict with my public duties.
- None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

Bout Time Pub & Grub locations are subject to inspections and compliance with Salt Lake County Environmental Health standards.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 02 day of February, 2023  
Date      Month      Year

Salt Lake City, UT  
at \_\_\_\_\_  
City or other location, and state or county

Dan Eckersley  
Printed Name

Dan Eckersley Digitally signed by Dan Eckersley  
Date: 2023.02.02 11:38:19 -07'00'

Signature

***This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.***

**DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST**

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.)

A. Michele T Corigliano Board Member & Chair (2023) of the Board of Health 385-468-4156  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

2001 S State Street, Suite S-2600 SLC, UT 84114

Covered Person's County Address/Volunteer's Address

B. Fun Food Handlers, LLC dba Easy Food Handlers

Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

Owner / President

Covered person's status, relationship or commitment to the institution, entity, business or person named above

2268 S 2300 E, Salt Lake City, UT 84109

Address and phone number of the institution, entity, business or person named above

C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- I hold a personal interest that creates a potential or actual conflict with my public duties.
- None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I am the sole owner of Fun Food Handlers, dba Easy Food Handlers. We offer State of Utah-approved food handlers, alcohol permitting and manager certification classes.

For food handler permits, our students will take our online (99% of our business) or live (1%) classes and we submit their information to each county with payments for their permits. We run our alcohol permits directly through the State of Utah and our manager certification classes are simply recognized by the State & County as an approved class and certification.

I hire county employees, as independent contractors, to teach live classes for Easy Food Handlers.

I declare under criminal penalty under the law of Utah that the foregoing is true and

correct. Signed on the 15 January 2023  
Date Month Year

Salt Lake City, UT  
at City or other location, and state or county

Michele T Corigliano  
Printed Name

Michele T Corigliano Digitally signed by Michele T Corigliano  
Date: 2023.01.15 15:58:57 -07'00'

Signature

*This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.*