

**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. Karen Crompton Director Human Services 385-468-7061  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
2001 S. State Street, N3 200 Salt Lake City, UT 84190  
Covered Person's County Address/Volunteer's Address

B. Utah Community Action  
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  
Board member  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
(801) 977-1122  
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.)

Utah Community Action receives funding from SLCo.

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

Signed on the 10 day of January, 2022  
Date Month Year

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

Karen Crompton  
Printed Name  
Karen Crompton  
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. Elizabeth Grahar SLCo Human Services Associate Director (801) 865-0062  
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone  
3047 South Mountair Drive, Millcreek, Utah 84106  
Covered Person's County Address/Volunteer's Address

B. Intermountain Healthcare  
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  
Member of the Intermountain Homecare & Hospice Board  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
11520 South Redwood Road, South Jordan, Utah 84095  
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 an unpaid volunteer on the Intermountain Homecare & Hospice advisory board. My role is to provide insight and recommendations for homecare and hospice policy. The only potential conflict I see is if the county and Intermountain Homecare & Hospice enter into a contract and somehow I am involved in the RFP process. If so, I would actively remove myself.

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

Signed on the 13 day of January, 2022  
Date Month Year

SLCo Government Center  
at City or other location, and state or county

Elizabeth Graham  
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.***