



**Jennifer Wilson**  
Salt Lake County Mayor

**DEPARTMENT OF  
HUMAN SERVICES**

**Karen Crompton**  
Department Director

**Christopher Otto**  
Associate Director

**HUMAN SERVICES DIVISIONS**

AGING SERVICES

BEHAVIORAL HEALTH SERVICES

CRIMINAL JUSTICE SERVICES

HEALTH DEPARTMENT

YOUTH SERVICES

USU EXTENSION

**SALT LAKE COUNTY  
GOVERNMENT CENTER**  
2001 South State St., Ste. N3200  
Salt Lake City, UT 84190-2000  
Phone (385) 468-7060  
Fax (385) 468-7072  
TTY: 7-1-1

January 30, 2019

Salt Lake County Council  
2001 S. State St, Suite N2-200  
Salt Lake City, UT 84114

Re: Human Services Department Conflict of Interest Forms

Dear Salt Lake County Council:

Attached please find the notarized conflict of interest disclosure forms for:

- Karen Crompton (3)

Regards,

A handwritten signature in black ink that reads 'Ina Landry'.

Ina Landry  
Department Assistant

Attachments: 3

**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 of 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. Children's Justice Center  
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

257 11th Ave, Salt Lake City, UT 84103 (385) 468-4560

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.

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.)*

The Children's Justice Center receives some financial support from SLCo through the District Attorney's office.

Karen Crompton  
Covered Person's Signature

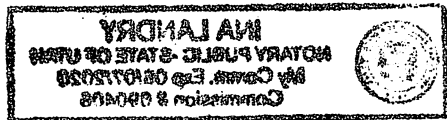
SUBSCRIBED and SWORN to before me this 7th day of January, 2019.



[SEAL]

Ina Landry  
NOTARY PUBLIC, Residing in  
Salt Lake County UT  
County State

*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.*



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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

1307 S 900 W, Salt Lake City, UT 84104 (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:

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Utah Community Action applies for and has received CDBG grant funding.

Karen Crompton  
Covered Person's Signature

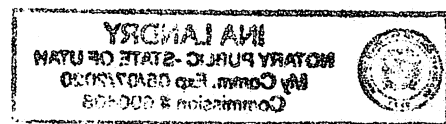
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B. Envision Utah  
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section  
Board member  
Covered person's status, relationship or commitment to the institution, entity, business or person named above  
254 600 E #201, Salt Lake City, UT 84102 (801) 303-1450  
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:

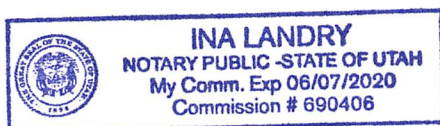
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SLCo Human Services has provided materials and some funding to support early childhood education activities in partnership with Envision Utah.

Karen Crompton  
Covered Person's Signature

SUBSCRIBED and SWORN to before me this 7<sup>th</sup> day of January, 2019.



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