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 Graham | Associate Director (Acting-in), Senior Policy Advisor | 8018650062
Covered Person | Position, or County Division for which you are employed or volunteering | County/Volunteer's Phone

3047 South Mountair Dr., Millcreek, UT 84106
Covered Person's County Address/Volunteer's Address

B. Intermountain Homecare & Hospice Board
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

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

Homecare & Hospice, Board Liaison and Executive Director of Intermountain Homecare and
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.
- [x] 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.)*

The Homecare and Hospice Board is an advisory board that aims to ensure H&H pursue Intermountain's Vision and Mission; meet fiduciary duties; participate in philanthropic opportunities; and maintains quality service to clients and community members. I do not anticipate a conflict of interest situation arising. However, a potential conflict could arise if a Salt Lake County agency, such as Aging & Adult Services, wanted to partner with Intermountain Homecare & Hospice. I would not my employment in SLCo Human Services and Homecare & Hospice boardmember interfere with an opportunity to partner and collaborate between the two organizations. If so, I can rescind myself from any decision making.

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

Signed on the 01 (Date) day of February (Month), 2021 (Year),

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

Elizabeth Graham
Printed Name

Elizabeth Graham Digitally signed by Elizabeth Graham Date: 2021.02.01 15:44:20 -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.