Mayor's Office: Council Agenda Item Request Form
This form and supporting documents (if applicable) are due the Wednesday before the COW meeting by noon.

Date Received	
(office use)	

Date of Request	5-29-18
Requesting Staff Member	
Requesting Stati Member	Ina Landry
Requested Council Date	6-5-18
Topic/Discussion Title	Conflict of Interest Forms
Description	Four (4) Conflict Of Interest Forms: 1) Antigone H. Carlson - Contracts & Procurement 2) Premkumar Narayanan - Information Services 3) Megan Hillyard - Administrative Services 4) James Burton - Information Services
Requested Action ¹	Review & Approve
Presenter(s)	NA
Time Needed ²	NA
Time Sensitive ³	No
Specific Time(s) ⁴	No
Will You Be Providing a PowerPoint?	☐ Yes ■ No
Will You Be Providing Back-Up Documentation or Handouts?	☐ Yes ■ No
Please attach supporting documentation you plan to provide for the packets to this form. While not ideal, if supporting documents are not yet ready, you can still submit them by 10 am the Friday morning prior to the COW agenda. Items without documentation may be taken off for consideration at that COW meeting.	

Mayor or Designee approval:	
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What you will ask the Council to do (e.g., discussion only, appropriate money, adopt policy/ordinance) – in specific terms.
 Assumed to be 10 minutes unless otherwise specified.
 Urgency that the topic to schedule on the requested date.
 If important to schedule at a specific time, list a few preferred times.

Version Date: 3/19/2015



DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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 private business interests. (*Type or print all information*.)

Position* or County Division 00, SLC, UT 84190 ss te business or person involved	County Phone		
te business or person involved WAYNGAY			
te business or person involved			
ntractiv			
ntractiv			
ntractor			
s, employment or investment in the outside institution, entity, private busine	ess, or personal contract		
C. Describe below the nature of the assistance you are providing to the institution, entity, private business or personant the nature of the economic interest or employment you hold in the private business. Also describe the relative between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disc accepted as valid unless this section is completed.)			
lations to minor tweaks in wording that are made after initial translations	onsistency with previous years' are provided. This work for the		
	5		
Covered Person's Signature	Carl		
State of Utah on Expires on: 6, 2018	da C. Duf		
	terest or employment you hold in the private business. Also describe the ston, person, etc. and Salt Lake County. Use more sheets if necessary. (This on is completed.) Itions of the ballot and audio ballot for elections to ensure accuracy and constrained in the same of the work that I do for Contracts & Procurement and is a separate service. Lovered Person's Signature Lovered Person's Signature The state of Utah ion Expires on: Salt Lake County. Use more sheets if necessary. (This one is completed.) Lovered Person's Signature State of Utah ion Expires on:		

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 persists.

*"Covered person" means any person appointed to any statutory office or position or any other person appointed to any position of employment with Salt Lake County. "Covered person" includes, but is not limited to, persons serving on special, regular or full-time committees, agencies, or boards whether or not such persons are compensated for their services.

*"Position" refers to any Salt Lake County office, appointment, employment, or uncompensated volunteer situation as described in the definition of "covered person."



Human Resources

DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each outside business entity, institution, or person involved.)

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 private business interests. (*Type or print all information*.)

A.	PREMKUMAR NARAYANAN	Prin	ncipal BI Engineer	385 468 0737
	Covered Person*	Pos	sition* or County Division	County Phone
	2001 S State Street	400000000000000000000000000000000000000		
	Covered Person's County Address			
В.	Intermountain Healthcare			
	Outside institution, entity, private busin	iess or person invo	olved	
	PRN Employee for assistance as	needed		
	Describe covered person's status, empl	oyment or investm	nent in the outside institution, entity, pr	ivate business, or personal contract
	Intermountain Healthcare, 36 S			1
	Outside institution, entity, business or p	erson's address an	nd phone number	
c.	Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with or transaction between the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)			escribe the relationship with or transaction
	etc for knowledge transfer . In order for			orovide help as needed via phone calls/email budgeted employee.
			Covered Person's Signa	ature V
SU	BSCRIBED and SWORN to before me this	194 day of	april , 20 18.	
	[SEAL] MELANI A. M Notary P State of Comm. No.	ublic Utah	NOTARY PUBLIC, Residin Salt Cille County	Mentrog gin Country State

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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.	Megan Hillyard	Department Director, Adminis	trative Services	385-468-7062	
Λ.	Covered Person	Position, or County Division for whi	ch you are employed or volunteering	County/Volunteer's Phone	
	2001 South State St	treet Suite N3-200 SLC, UT 84	190		
	Covered Person's County	y Address/Volunteer's Address			
В.	SLC Green Bike				
υ.	is required in the above s		the Covered Person has a personal or busin	ness interest for which disclosure	
	Board Member				
	Covered person's status,	Covered person's status, relationship or commitment to the institution, entity, business or person named above			
	150 State Street SL	C, UT 84111			
	Address and phone numb	per of the institution, entity, business of	r person named above		
C.	Select the category that	applies to yourself and the outside ins	titution, entity, business or person identific	ed in subsection (B) above:	
	I receive or have ag	greed to receive compensation for assis	ting a person or business entity in a transac	tion 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 regular 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 be 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 entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this is completed.) I was elected to serve as a member of SLC Green Bike on April 5th, 2018. SLC Green Bike sometimes reafunds from Salt Lake County.			does or anticipates doing business blic duties. of the relationship of each business accepted as valid unless this section		
			MMA	- 4/13/18	
				gitally signed by Megan Hillyard te: 2018.04.13 10:11:03 -06'00'	
			Covered Person's Signature		
SI	JBSCRIBED and SWORN	N to before me this 131 day of _	April 2018	•	
[S	REST MINERALD POR	INA LANDRY ARY PUBLIC -STATE OF UTAR y Corum. Exp 06/07/2020 Commission # 690406	NOTARY PUBLIC, Residing in Soft Labe County	ty UT State	

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DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A. under penalties of perjury, make the following statement regarding my personal or business interest. (T)	., 1953 as amended, I, the undersigned,
A. Covered Person Position, or County Division for which you are employed or volunteering	
Covered Person Position, or County Division for which you are employed or volunteering	County/Volunteer's Phone
7835 S Honey comb Rd Cottonwood A	Heights UT 84121
Covered Person's County Address/Volumeer's Address	1
B. Snowbird Ski Resort	
Outside institution, entity, private business or person in which the Covered Person has a personal or is required in the above section	
Part - time GIS Covered person's status, relationship or commitment to the institution, entity, business or person na	
Covered person's status, relationship or commitment to the institution, entity, business or person nar	med above
9385 Sa Snowbird Center Dr., Snow	wbird 417 84092
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 ide	antified in subsection (P) shows
_	
I receive or have agreed to receive compensation for assisting a person or business entity in a tra	ansaction involving Salt Lake County.
I am an officer, director, agent, employee or the owner of a substantial interest in a business en Salt Lake County.	,
I am an officer, director, agent, employee or owner of a substantial interest in a business entity with Salt Lake County.	that does or anticipates doing business
I hold an investment or other financial interest that creates a potential or actual conflict with m	ny 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 na entity or person with the County. Use more sheets if necessary. (<i>This disclosure statement will not is completed.</i>)	t be accepted as valid unless this section
access to county GIS Data	and information
that could be beneficial for	Snowbind Ski
Resort to know.	
Jan Ru	
Covered Person's Signature	,
SUBSCRIBED and SWORN to before me this 10 day of 400, 20	<u>18</u> .
Q I.	1
MELANI A. MARTINEZ Notary Public NOTARY PUBLIC, Residing in	who were
State of Utah Comm. No. 684857 My Comm. Expires Sep 2, 2019 County	State
	•

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