ACKNOWLEDGEMENT OF SCHOOL BOARD ADVISORY COMMITTEE MEMBER'S RESPONSIBILITIES

(Revised November 13, 2019)

I hereby acknowledge my following responsibilities as a member of an advisory committee established by The School Board of Broward County, Florida ["SBBC"]:

1. DUTIES OF PUBLIC OFFICERS: As an advisory committee member, I am a public officer who must comply with the applicable provisions of Florida's Code of Ethics for Public Officers and Employees - Chapter 112, Florida Statutes. I agree to conduct myself in accordance with the highest ethical principles in the course of my participation as an advisory committee member. I further agree to act at all times, in the best interests of SBBC and to avoid prohibited conflicts of interests. I acknowledge and understand that I may not corruptly use or attempt to use my official position or any property or resource that may be within my trust, or perform my official duties to secure a special privilege, benefit, or exemption for myself or others.

2. SOLICITATION OR ACCEPTANCE OF GIFTS: As an advisory committee member, I may not solicit or accept anything of value, including a gift, loan, reward, promise of future employment, favor or service based upon any understanding that any vote, official action or judgment made by me as an advisory committee member would be influenced by said gift, loan, reward, promise of future employment, favor or service. I further acknowledge that no compensation, payment or thing or value shall be accepted at any time by me or by my spouse or minor child when I know, or with the exercise of reasonable care, should know, that it was given to influence my vote or other action in which I was expected to participate in my official capacity as an advisory committee member.

3. DISCLOSURE OF CONFIDENTIAL INFORMATION: I acknowledge that any information [except for information relating exclusively to governmental practices] that was gained by reason of my official position as an advisory committee member and that is not available to members of the general public may not be disclosed or used for my personal gain or benefit or for the personal gain or benefit of any other person or business entity.

4. CONTRACTUAL / BUSINESS RELATIONSHIPS: I acknowledge that, except as expressly waived by SBBC, I may not have or hold any employment or contractual relationship with any business entity or any agency which is subject to the regulation of SBBC, or is doing business with SBBC, while serving as an SBBC advisory committee member. I further acknowledge that, except as expressly waived by SBBC, I shall not have or hold any employment or contractual relationship that will create a continuing or frequently recurring conflict between my private interests and the performance of my public duties or that would impede the full and faithful discharge of my public duties while serving as an SBBC advisory committee member. I understand that I may

contact the Florida Commission of Ethics and request a formal or informal opinion, whichever is more appropriate, if I have a question regarding a potential conflict of interest.

5. **VOTING REQUIREMENTS & VOTING CONFLICTS:** I acknowledge that when present at a meeting of my advisory committee, I may not abstain from voting and that a vote shall be recorded for me upon each proposition appearing before my advisory committee unless I have a voting conflict under the Code of Ethics for Public Officers and Employees (Chapter 112, Florida Statutes). I understand that a voting conflict would exist if I were to vote in an official capacity upon any measure which would inure to my special private gain or loss; which I know would inure to the special private gain or loss of any principal by whom I am retained or to the parent organization or subsidiary of a corporate principal by which I am retained, or which I know would inure to the special private gain or loss of my relative or business associate. In the event of a voting conflict, I understand that I must publicly state to the advisory committee the nature of my interest in the matter from which I am abstaining from voting and shall file a CE Form 8B - Memorandum of Voting Conflict with the person responsible for recording the minutes of my advisory committee within fifteen (15) calendar days after the vote occurs.

6. **ADVISORY COMMITTEE MEMBER REQUIREMENTS:** I acknowledge that I have read, understand and agree to the foregoing requirements as well as those contained in School Board Policy 1.7 and those summarized in the handbook on *Training for Members of District Appointed Committees, Councils, and Task Forces*. I acknowledge that a failure to satisfy these requirements may result in my removal from the advisory committee and such other penalties as are applicable by law.

_____ _____

Date Signature

_____

Printed Name

_____

Name of Advisory Committee

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Ethics Training - Committee Training Program

http://www.browardschools.com/Page/41329

CONFLICT OF INTEREST FORM
FOR SCHOOL BOARD ADVISORY COMMITTEES

Florida Statute 112.312 defines "**conflict of interest**" as a situation in which regard for a private interest tends to lead to disregard of a public interest or duty.

School Board Advisory Committee members are governed by the standards of conduct for public officers, FS 112.313 (3) and (7), and laws pertaining to voting conflicts, FS 112.3143 (3) and (4). See attached.

Name_____ Phone Number_____

Committee_____ Appointed By_____

Mailing Address_____

Email_____

Employer_____ Work Phone_____

Employer Address_____

Are you aware of any potential conflict of interest that may arise from your serving as a member of the Board's advisory committee that you have been recommended for or appointed to?

Yes ☐ No ☐

If "Yes," explain:

_____

If you have a conflict or potential conflict, determine if a statutory exemption (pursuant to FS 112.313(12) applies. Cite exemption here: _____

If you are seeking a waiver from the School Board, complete the Florida Commission of Ethics *Form 4A (Disclosure of Business Transaction, Relationship or Interest,)* attached.

If you are presented with a voting conflict as defined in FS 112.3143, complete *Form 8B, Memorandum of Voting Conflict for County, Municipal, and Other Local Public Officers,* attached and follow the directions accompanying that form.

☐ At this time, I attest I do not have a conflict of interest but agree to report any conflict if it arises.

_____ _____

Signature Date

Please return this completed form, and Form 4A (Disclosure of Business Transaction, Relationship or Interest) and/ or Form 8B (Memorandum of Voting Conflict for County, Municipal, and Other Local Public Officers) if required, to the Office of the Chief of Staff, School Board of Broward County, Florida, 600 SE 3rd Avenue, Ft. Lauderdale, FL 33301.