


<p style="text-align: center;"><b>Policy for:</b></p> <p style="text-align: center;"><b>Conflict of Interest –</b></p> <p style="text-align: center;"><b>(Employees)</b></p> 	Document Number	
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	Revision Date	
	Drafted or Issued By: Fiscal	Date: 12/04/2014
	Approved By: Board of Directors	Date: 12/17/2014
	Board Secretary	
Signature: _____		

**Purpose:**

All employees are expected to conduct their activities in such a way to avoid any appearance of, or actual, loss or embarrassment to the Louisiana Cancer Research Center (LCRC) that might arise from improper influence on the LCRC’s business decisions or from disclosure or private use of information regarding the LCRC’s business affairs or plans. The purpose of this policy is to protect the interests of LCRC and to provide guidelines for handling perceived, potential or actual conflicts of interest.

**Policy Statement:**

LCRC strives to maintain the highest ethical standards. The LCRC’s decisions will be made without bias or favoritism on the part of any of its employees. Each employee must comply with the policies and procedures of LCRC and maintain the confidentiality of information required in the performance of his or her duties and not use his or her position or knowledge acquired in carrying out job responsibilities and duties for personal gain or as a representative of other interests, public or private. All LCRC employees are expected to use good judgment, to adhere to high ethical standards, and to act in such a manner as to avoid any actual or potential conflict of interest. A conflict of interest occurs when the personal, professional, or business interests of an employee conflict with the interests of the organization. Both the fact and the appearance of a conflict of interest should be avoided.

**Definitions:**

**Covered Individuals:**

All employees of the LCRC are covered by this policy. For the purposes of this policy, “family or family member” is defined as any member of the employee’s family (spouse, parent, sibling, child, stepchild, grandparent, grandchild, great-grandchild, in-law or domestic partner).

**Covered Transactions:**

This policy covers any transactions that constitute a conflict of interest. Before taking any action that may constitute a possible conflict of interest, please discuss it with the H Human Resources and/or an Administrative Officer; they are authorized to provide reliable interpretations of this policy.

**Actions Considered a Conflict of Interest**

In general terms, a conflict of interest may occur if an outside interest or activity: influences, appears to influence, or has the potential to influence the ability of an employee to exercise objectivity or impairs the ability of an employee to perform his or her responsibilities in the best interests of LCRC.

An employee is considered to have a potential conflict of interest when:

- An employee or his or her family member has a financial interest (examples may include employment by, a consultant to, a representative or agent for, a partner of, holding any office in or deriving any income from any entity doing or seeking to do business with LCRC) that conflicts with the interest of the organization in any manner.
- An employee participates in managerial or consultation services to any outside concern that does business with the LCRC, except with LCRC's prior knowledge and consent.
- An employee receives compensation, gifts, favors, entertainment or other similar benefits of more than a nominal value (\$100 per incident, \$200 accumulated annually by the same vendor, grantee or consultant) from any outside concern which does or seeks to do business with LCRC.
- An employee discloses or uses confidential, special or inside information of or about the LCRC or its clients, particularly for personal profit or advantage.
- An employee or his or her family member has an opportunity to influence LCRC's grant making, business, administrative or other material decisions in a manner that leads to personal gain or advantage.
- An employee participates in deliberations or actions resulting in the purchase of goods or services from any organization in which an employee or his or her family member has a financial interest.

**Procedures:**

**Disclosure**

Self-disclosure is not only the least invasive means of ensuring compliance with this policy but also affords the opportunity for mutually compatible resolution of actual or potential conflicts of interest. The responsibility for full self-disclosure rests with each employee. Disclosure necessitated by a developing or potential conflict should be directed to the attention of either the employee's immediate supervisor or, at the employee's option, the vice president under whose stewardship the employee works.

**Annual Disclosure Requirement**

Annual disclosure is required of each employee, whether or not a conflict situation has arisen and has been disclosed in accordance with this policy and procedure within the past year. Annual disclosure shall be made through completion of the attached "conflict-of-interest disclosure form". Annual disclosure shall be forwarded directly to the Director of Human Resources. All members of the senior staff shall forward annual disclosure to the Administrator Officer.

**Consultation and Review**

The Human Resources Manager and/or an LCRC Administrative Officer is available for consultation by any employee who is uncertain as to whether a specific set of circumstances constitutes a conflict or potential conflict in violation of this policy. Such consultation will be treated as confidential to the greatest degree practicable in conformity with applicable law. All disclosure is subject to review by the Administrative Officer for conformity with policy and procedure.

**Consequences of Conflicts of Interest**

Disclosed conflicts will be managed in a manner acceptable to LCRC and the employee wherever feasible and warranted. Undisclosed conflicts may result in sanctions ranging from notice to discontinue a specific activity to termination of employment.

# Louisiana Cancer Research Center

## CONFLICT OF INTEREST DISCLOSURE STATEMENT

Note: In order to be more comprehensive, this statement of disclosure/questionnaire also requires you to provide information with respect to certain parties that are related to you.

These persons are termed "affiliated persons" and include the following:

- a. your spouse, domestic partner, child, mother, father, brother or sister;
- b. any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are, directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and
- c. any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

1. NAME OF EMPLOYEE (Please print)

\_\_\_\_\_

2. CAPACITY:

- \_\_\_\_\_ executive committee
- \_\_\_\_\_ officer
- \_\_\_\_\_ committee member
- \_\_\_\_\_ staff (position): \_\_\_\_\_

3. Have you or any of your affiliated persons provided services or property to \_\_\_\_\_ in the past year?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

If yes, please describe the nature of the services or property and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you or any of your affiliated persons purchased services or property from \_\_\_\_\_ in the past year?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

If yes, please describe the purchased services or property and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please indicate whether you or any of your affiliated persons had any direct or indirect interest in any business transaction(s) in the past year to which \_\_\_\_\_ was or is a party?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO



I HERBY CONFIRM that I have read and understand LCRC's conflict of interest policy and that my responses to the above questions are complete and correct to the best of my information and belief. I agree that if I become aware of any information that might indicate that this disclosure is inaccurate or that I have not complied with this policy, I will notify Human Resources immediately.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date