


District of Columbia Department of Health <h2 style="text-align: center;">Conflict Attestations for Contracts and Grant Agreements</h2>		PROCEDURE 810.000 Implementing Office: Office of the Director Training Required: Yes Originally Issued: June 6, 2017 Revised/Reviewed: (First Revision)
Approved by: Keith A.M. Fletcher <small>Digitally signed by Keith A.M. Fletcher DN: cn=Keith A.M. Fletcher, o=DC Health, ou=Office of the Director, email=keith.fletcher@dc.gov, c=US Date: 2021.02.05 09:29:14 -0500</small> LaQuandra S. Nesbitt MD, MPH; Agency Director	Review by Legal Counsel:  Phillip Husband, Esq.; General Counsel	Effective Date: FEB 06 2021 Valid Through Date: FEB 06 2024

I. Authority	Reorganization Plan No. 4 of 1996; Mayor’s Order 97-42
II. Reason for the Policy	The Department of Health (DC Health) relies upon agreements with private vendors and grantees (“recipients”) to accomplish its mission through the purchase of essential supplies and equipment, as well as the provision of a wide array of services. As such, it is essential that the process for developing, awarding, and managing these agreements be carried out according to the highest ethical standards. A protocol is necessary to lay out the means by which those responsible for managing contracts and grant agreements will be pre-screened for actual or perceived conflicts of interest, and re-screened on an annual basis, to minimize the risk of ethics violations.
III. Applicability	This SOP shall apply to all DC Health employees who are, or are designated to be, a formalized point of contact or assigned participant on any solicitation, negotiation, or eventual subaward between DC Health and a non-DC Health entity (e.g. a private vendor/ grant recipient), either by way of a contract procurement or a Notice of Grant Award (NOGA).
IV. Policy Statement	Management of conflict attestations are part of the portfolio of duties of the DC Health Office of Grants Management (OGM). The Chief of the Office of Grants Management (“OGM Chief”) is the accountable manager over tasks assigned to OGM.

	<p>DC Health administrations are responsible for assigning points of contact for managing implementation, compliance, and performance per the terms of executed contractual or grant agreements. Any DC Health employee assigned in a role as: Contract Administrator (CA), Requisitioner, Receiver, Grant Monitor (GM), Project Officer (PO), or Program Manager (PM) must complete the electronic Conflict Attestation Form prior to starting the assignment. This requirement shall also apply to those who are reassigned to at least one new vendor/recipient, or are being temporarily assigned to a vendor/recipient for 30 days or longer.</p> <p>Conflict of interest disclosures shall address both financial and non-financial benefits.</p> <p>The Deputy Director for Operations (DDO) of each administration shall be responsible for ensuring all requirements for the initial conflict attestation are completed for employees assigned to contracts and grants. Completed forms shall be electronically submitted to a designated employee within OGM. The DC Health Ethics Counsel is responsible for evaluating all disclosed outside relationships with a vendor or recipient to determine whether the pre-existing relationship constitutes an actual or perceived conflict of interest.</p> <p>The DC Health Ethics Counsel may, at his/her discretion, request follow-up information from the employee if the disclosed information is insufficient to make this determination. If the DC Health Ethics Counsel determines that an actual or perceived conflict of interest is present, he/she has the authority to direct the lead administration to assign a different employee to the role in question. The DDO is responsible for implementing any reassignments promulgated by actual or perceived conflicts of interest.</p> <p>An employee is responsible for proactively disclosing any financial or non-financial relationship with a vendor/recipient that could appear to be a conflict of interest when that employee holds any of the aforementioned roles monitoring that respective vendor/recipient. The disclosure will be made to the employee's supervisor who will relay the disclosure to the DDO of the</p>
--	--

administration, the Chief of OGM, and the DC Health Ethics Counsel.

Re-Attestation shall occur annually for staff assigned to contracts and grants whose project periods occur for multiple years or if there is a reassignment. Within 20 business days after the start of each FY, OGM will submit a list of all active CA, program manager, project officer, requisitioner, receiver, and grant monitor assignments to each DDO. Each DDO shall confirm this list within three (3) business days, indicating any missing or incorrect assignments. Every employee appearing in the verified report shall complete an electronic Conflict Attestation Form, disclosing any outside relationship with all vendors or recipients that he/she monitored at any point during the preceding year. OGM is responsible for compiling the disclosures and routing all forms containing a disclosed relationship to the DC Health Ethics Counsel for evaluation (see above). If an actual or perceived conflict of interest is identified by the DC Health Ethics Counsel, the administration is responsible for proposing a new employee for that role who will be directed to complete an initial attestation.

The administration's DDO, the OGM Chief, or the DC Health Ethics Counsel may request an employee complete an ad hoc attestation at any point during the fiscal year if documentation creates reasonable suspicion of an actual or perceived conflict of interest. An ad hoc conflict attestation must be requested in writing. The reason for the request shall be included, and the employee's supervisor shall be copied.

OGM is responsible for retaining Conflict Attestation Forms on file in accordance with the DC Health Records Retention Schedule.

Conflict attestations completed in compliance with this policy shall not be interpreted as satisfying any annual financial disclosure required by the Board of Ethics and Government Accountability (BEGA). Any employee who refuses to complete a Conflict Attestation Form (initial, annual, or ad hoc), fails to disclose pertinent information about an outside relationship with a vendor, falsifies a disclosure, knowingly enters into a conflict of interest with a vendor, or acts upon a conflict of interest with a vendor/recipient in a manner detrimental to the interests of DC Health or the public, shall be subject to disciplinary action up to,

	<p>and including, termination. As some actions in this area violate District and federal laws and regulations, DC Health reserves the right to report evidence of potentially illegal actions to the relevant authorities. Likewise, if at any time DC Health determines that a credible violation of District of Columbia ethics rules is present, the matter shall be reported to BEGA for further review.</p> <p>Any DC Health employee in violation of any part of this SOP may be subject to commensurate disciplinary action.</p>
<p>IV. Definitions & Acronyms</p>	<p>BEGA- Board of Ethics and Government Accountability</p> <p>CA- Contract Administrator. The employee formally assigned to monitor a vendor’s performance, ensure deliverables are met according to the terms of the contract agreement governing the vendor relationship, and intervene where those deliverables are not met.</p> <p>Conflict of Interest- A situation with the potential to undermine the impartiality of a person due to the possibility of discordance between that individual’s self-interest and that of the organization or the public.</p> <p>DDO- Deputy Director for Operations</p> <p>Financial Disclosure- Disclosure of any type of activity in which remuneration was received. This includes: salary, honoraria, royalties, receipt of intellectual property rights, consulting fees, speakers bureau fees, supported or contracted research, ownership interest (e.g. stocks, mutual funds, bonds).</p> <p>GM- Grant Monitor. The employee formally assigned by a DC Health administration to monitor and take appropriate actions regarding a grantee/grant’s fiscal and administrative deliverables, compliance and performance according to the terms of the grant agreement.</p> <p>Grant Agreement- A formalized arrangement with a private recipient to produce specified deliverables. In such agreements, DC Health is the primary recipient of dollars from an outside grantor, dollars which are spent funding the agreement with the private recipient. The term is sometimes interchanged with</p>

	<p>“Subgrant Agreement” to make a distinction that the award is made from federal funds received by DC Health to pass-through to another entity (i.e. subgrantee).</p> <p>Non-Financial Disclosures – Disclosure of any activity for which there is a professional, personal, political or institutional interest or bias.</p> <p>OGM- Department of Health Office of Grants Management</p> <p>PO- Project Officer. The employee formally assigned by a DC Health administration to monitor and take appropriate actions regarding the grantee/grant’s project implementation and performance, and to ensure deliverables are met according to the terms of the grant agreement.</p> <p>PM- Program Manager. The employee formally assigned to create, manage and oversee broad programmatic areas supported by grants. This role often supervises a team of Project Officers and assigns grants and duties.</p>
<p>V. Procedures</p>	<p>Procedure A: Initial Conflict Attestation</p> <ol style="list-style-type: none"> 1. Prior to the execution of a contract or grant agreement, the lead administration shall designate an employee to be the Contract Administrator, Program Manager, Grant Monitor, or Project Officer, as well as staff who assume responsibility of requisitioners and receivers for procurement and payments. 2. The assigned employee shall complete the Conflict Attestation Form and return it to OGM within three (3) business days of receiving it. 3. If any relationship with the vendor or recipient is disclosed on the Conflict Attestation Form, the form shall be routed to the DC Health Ethics Counsel for review. 4. The DC Health Ethics Counsel shall evaluate if the disclosed information in the Conflict Attestation Form constitutes an actual or perceived conflict-of-interest.

5. In the event the disclosed information is insufficient to determine if an actual or perceived conflict-of-interest is present, the DC Health Ethics Counsel may request follow-up information to clarify the outside relationship. The employee must comply with these requests for follow-up information.
6. If the DC Health Ethics Counsel determines that an actual or perceived conflict-of-interest is, indeed, present, the lead administration shall appoint a different employee to be the CA/Grant Monitor for that agreement.
7. This procedure shall be repeated for the employee newly designated.

Procedure B: Annual Conflict Re-Attestation

1. Within 20 business days of the start date of each fiscal year, the OGM Chief, or designee, will provide all administrations with a list of all existing Contract Administrators, Program Managers, Project Officers and Grant Monitors whose assignment portfolios are continuing into the new fiscal year. The list shall also include persons assigned in general as requisitioners and receivers.
2. Each respective DDO will respond to OGM within three (3) business days with any additions or corrections to the list of assigned roles.
3. The OGM Chief, or designee, shall request Conflict Attestation Forms from every employee on the list.
4. Each individual on the list shall complete the Conflict Attestation Form, updating disclosures of any outside relationships with all vendors/recipients that s/he monitors for the period since the previous form was completed.
5. OGM will verify that all Conflict Attestation Forms have been submitted for review.

	<p>6. OGM is responsible for identifying all Conflict Attestation Forms for which an outside relationship with a vendor/recipient is identified. All of those forms shall be routed to the DC Health Ethics Counsel for review.</p> <p>7. Follow Procedure A, Steps 4-7.</p> <p>Procedure C: Ad Hoc Conflict Attestation</p> <p>1. This procedure is executed only when documentation exists which creates reasonable suspicion that an actual or perceived conflict of interest exists.</p> <p>2. The DDO of the lead administration, the OGM Chief, or the DC Health Ethics Counsel may request an ad-hoc conflict attestation. The request shall be made in writing and shall include the reason for the request. The employee's supervisor shall be copied.</p> <p>3. The employee shall return a Conflict Attestation Form within a prescribed deadline.</p> <p>4. Follow Procedure A, Steps 4-7.</p>
<p>VI. Contacts</p>	<p>Chief of the Office of Grants Management</p> <p>DC Health General Counsel</p>
<p>VII. Related Documents, Forms and Tools</p>	<p>Conflict Attestation Form</p>

Conflict Attes... **A...**

Reports & Charts

D...



District of Columbia Conflict Attestation Form
Department of Health



Required fields are marked with an asterisk (*) and must be filled in to complete the form.

§ I: BASIC INFORMATION

First Name * Last Name * E-mail *

Your DOH Supervisor Name * Your DOH Supervisor Email * Administration *

Are you assigned a role in grants or contract management in the current Fiscal Year?

Were you assigned a role in grants or contract management in the past Fiscal Year?

§ II: CONFLICT OF INTEREST DISCLOSURES

Please respond to each question as it pertains to the conflict of interest (COI) categories outlined below. For each type of COI listed, a description is provided along with a YES/NO question.

If your response is "YES", then other information is requested.
 If your response is "NO" - indicating no conflict of interest, then move to the next question.

COI: Beneficial Interest

You or your spouse, domestic partner, or dependent children had a beneficial interest at any point in the last calendar year in any vendor/recipient in your portfolio, including, whether held in such person's own name, in trust, or in the name of a nominee, securities, stocks, stock options, bonds, or trusts, exceeding in the aggregate \$1,000, or that produced income of \$200 or more? (Do not include professionally managed collective investment vehicles that pool money from many investors to purchase securities, such as mutual funds, or professionally managed retirement accounts.)

Answer the questions below:

Do you or any covered entity have an outside beneficial interest with a vendor/recipient of \$200 or more of DC Health funding? *

COI: Receipt of Income / Honoraria

Conflict Attes... A...

Reports & Charts

Cancel

In the last calendar year, have you or any covered entity received an honorarium and/or income for services provided to a vendor/recipient of DC Health funding? *

COI: Outside Position w/Vendor/Recipient

You or your spouse, domestic partner, or dependent children served with any vendor/recipient in your portfolio as an officer, director, partner, employee, consultant, contractor, volunteer, or in any other formal capacity or affiliation at any point during the last three calendar years?

Answer the questions below:

During the last three calendar years, have you or any covered entity held a position with the vendor/recipient of DC Health funding? *

COI: Receipt of Gifts

Have you received any gift from any vendor/recipient in your portfolio in an aggregate value of \$10 or greater at any point during the most recent calendar year?

In the most recent calendar year, have you received a gift/s in aggregate value of \$10 or more?

§ III: CONFLICT OF INTEREST ATTESTATION

I understand that the making of a false statement on this form or materials submitted with this form is punishable by criminal penalties pursuant to D.C. Official Code § 22-2405 (2017). I understand that any information I give may be investigated as allowed by law or regulation. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, and complete.

Signed *

Signed Date

02-04-2021

Office of the Director Review

Conflict Attestation Form ID:

Reviewed Date*

mm-dd-yyyy



Status*

Reviewed By*

Pending



Review Comments*

BLANK FORM

Conflict Attes... A...

Reports & Charts

Save & new

Cancel

File	Title	Uploaded By	Notes	Related Docs
------	-------	-------------	-------	--------------

No support documents found

Add Support Document

Print Form

OCP Review

OCP Reviewed Status

OCP Reviewed Date

Reviewed By OCP

OCP Review Comments