Reset Form

CONFLICT OF INTEREST REPORTING STATEMENT

DS 6016 (New 08/2012)

The duties and responsibilities of your position with the regional center require you to file this Conflict of Interest Reporting Statement. The purpose of this statement is to assist you, the regional center and the Department of Developmental Services (DDS) to identify any relationships, positions or circumstances involving you which may create a conflict of interest between your regional center duties and obligations, and any other financial interests and/or relationships that you may have. In order to be comprehensive, this reporting statement requires you to provide information with respect to your financial interests.

A "conflict of interest" generally exists if you have one or more personal, business, or financial interests, or relationships that would cause a reasonable person with knowledge of the relevant facts to question your impartiality with respect to your regional center duties. The specific circumstances and relationships which create a conflict of interest are set forth in the California Code of Regulations, title 17, sections 54500 through 54530. You should review these provisions to understand the specific financial interests and relationships that can create a conflict of interest.

Please answer the following questions to the best of your knowledge. If you find a question requires further explanation and/or there is not enough space to thoroughly answer the question, please attach as many additional sheets as necessary, and refer to the question number next to your answer. If the regional center identifies a conflict involving you, it will be required to prepare a conflict resolution plan. Some relevant definitions have been provided in the footnotes to assist you in responding to this statement.

You are required to file this Reporting Statement within 30 days of beginning your employment with the regional center or from the date that you are appointed to the regional center board or advisory committee board. You are then required to file an annual Reporting Statement by August 1st of every year while you remain employed with the regional center or while you are a member of the regional center board or advisory committee board. You must also file a Reporting Statement within 30 days of any change in your status that could result in a conflict of interest. Circumstances that can constitute a change in your status that can require you to file an updated Reporting Statement are described below in footnote one.

John Poblete Name:	Value Value	alley Mountain Regional Center
Regional Center Position/Title:	☐ Governing Board Member ☐ Vendor Advisory Committee sitting on Board ☐ Contractor ☐ Agent	☐ Executive Director X Employee ☐ Consultant
Reporting Status:	☐ Annual X New Appointment (date):☐ Change of Status	01/16/2024

Please list your job title and describe your job duties at the regional center.
 Service Coordinator - Coordinate Services for consumers of Regional Center services through IPP process, in collaboration with IDT.

¹ Change of status includes reporting a previously unreported activity that should have been reported, change in the circumstance of a previously reported activity, change in financial interest, familial relationship, legal commitment, change in regional center position or duties, or change to outside position or duties. See California Code of Regulations, title 17, sections 54531(d) and 54532(d).

	Do you or a family member ² work for any entity or organization that is a regional center provider or contractor? Yes no If yes, provide the name of the entity or organization and describe what services it provides for the regional center or regional center consumers. If the provider or contractor is a state or local entity, provide the specific name of the state or local entity and describe your job duties at the state or local entity. Wife is shareholder/employee for Carcido Homes, Inc.
3.	Do you or a family member own or hold a position ³ in an entity or organization that is a regional center provider or contractor? Yes no If yes, provide the name of the entity or organization, describe what services it provides for the regional center or regional center consumers, and describe your or your family member's financial interest. Wife is shareholder/employee for Carcido Homes, Inc.
4.	Are you a regional center advisory committee board member? \square yes X no – If yes, are you a member of the governing board or owner or employee of an entity or organization that provides services to the regional center or regional center consumers? \square yes \square no – If yes, provide the name of the entity or organization and describe what services it provides for the regional center or regional center consumers.
5.	If you are a regional center advisory committee board member and answered yes to all the questions in Question 4 above, do any of the following apply to you: (a) are you an officer of the regional center board; (b) do you vote on purchasing services from a regional center provider; or (c) do you vote on matters where you might have a financial interest? \square yes no – If yes, please explain.

☐ Governing Board Member☐ Vendor Advisory on Board☐ Executive Director☐ Employee/Other

² Family member includes your spouse, domestic partner, parents, stepparents, grandparents, siblings, stepsiblings, children, stepchildren, grandchildren, and in-laws. See California Code of Regulations, title 17, sections 54505(f).
³ For purposes of this question, hold a position generally means that you or a family member is a director, officer, owner, partner, employee,

³ For purposes of this question, hold a position generally means that you or a family member is a director, officer, owner, partner, employee, or shareholder of an entity or organization that is a regional center provider or contractor. For a specific description of positions that create a conflict of interest in a regional center provider or contractor see the California Code of Regulations, title 17, sections 54520 and 54526.

	☐ Executive Director X Employee/Other
6.	Do any of the decisions you make when performing your job duties with the regional center have the potential to financially benefit you or a family member ⁴ ? \square yes X no If yes, please explain.
7.	Are you responsible for negotiating, making, ⁵ executing or approving contracts on behalf of the regional center?
8.	Do you have a financial interest in any contract with the regional center? \square yes $\stackrel{\times}{\square}$ no — If yes, did you negotiate, make, execute or approve the contract on behalf of the regional center? \square yes \square no — If yes, please explain.
9.	Do any of your family members have a financial interest in any contract with the regional center?

☐ Governing Board Member☐ Vendor Advisory on Board

Generally, a decision can financially benefit you or a family member if the decision can either directly or indirectly cause you or a family member to receive a financial gain or avoid a financial loss. For a specific description of the types of decisions that can result in a financial benefit to you or a family member see the California Code of Regulations, title 17, sections 54522 and 54527.

Scalifornia Code of Regulations, title 17, sections 54523(b)(2) and 54528(b)(2) describes the types of conduct which constitute involvement in the making of a contract.

For purposes of questions 8 and 9, a financial interest in a contract generally means any direct or indirect interest in a contract that can cause you or a family member to receive any sort of financial gain or avoid any sort of financial loss irrespective of the dollar amount. California Code of Regulations, title 17, sections 54523 and 54528 define when financial interests in a contract will occur.

	Governing Board Member
	Vendor Advisory on Board
	Executive Director
X	Employee/Other

10. Do you evaluate employment applicati ☐ yes ^X no If yes, please explain.	ons or contract bids that are submit	ted by your family member(s)?
•	ncial interests not already discussed	ter and regional center consumers. Do you above that would prevent you from acting no If yes, please explain.
B. ATTESTATION		
Statement are complete, true, and correct any information that might indicate that center's Conflict of Interest Policy or the a individual immediately. I understand that	y and that my responses to the que ct to the best of my information an this statement is not accurate or t applicable conflict of interest laws, I t knowingly providing false informa	RM that I have read and understand the estions in this Conflict of Interest Reporting dibelief. I agree that if I become aware of that I have not complied with the regional will notify the regional center's designated ation on this Conflict of Interest Reporting didollars (\$50,000) pursuant to Welfare and
Signature Signature	01/10/2024	
INTERNAL USE ONLY		
Date this Statement was received	by Reviewer: ///7 /Z	024
The reporting individual does does not have a present		nt 🔲 potential conflict of interest
Signature of Designated Reviewer		Date Review Completed
		1/23/24
7		15/5/