

COMMUNITY ALLIANCE MEMBER DISCLOSURE STATEMENT OF SERVICES INTERESTS



Pursuant to § 20.19(5)(j), Florida Statutes, "Alliance members shall annually submit a disclosure statement of services interests to the department's inspector general. Any member who has an interest in a matter under consideration by the alliance must abstain from voting on that matter."

COMMUNITY ALLIANCE NAME: _____

MEMBER NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP CODE: _____

THIS STATEMENT REFLECTS MY SERVICES INTERESTS AS OF (DATE): _____	FISCAL YEAR	CIRCUIT/ REGION	COUNTY
ALLIANCE MEMBER SIGNATURE: _____	_____	_____	_____

LIST INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in service types of businesses)

NAME OF BUSINESS ENTITY	ADDRESS OF ENTITY	PRINCIPAL BUSINESS ACTIVITY	POSITION HELD WITHIN ENTITY	DOES THE ENTITY HAVE A BUSINESS RELATIONSHIP WITH DCF THAT WOULD REQUIRE YOU TO ABSTAIN FROM VOTING? EXPLAIN.

If there are additional business interests, please continue on a separate sheet and attach. If you have questions regarding this requirement, please refer to section 20.19(5)(j), Florida Statutes.

Please submit the completed form by
electronic mail or regular mail:

hqw.comm.alliance.disclosure.stmt@myflfamilies.com

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