Missouri Ozarks Community Action Governing Board of Directors Application

| Nominee's Name: | | | |
|---------------------------------------------------------------------------------------|-----------|---------|------------------|
| Home Address: | | | |
| Phone Numbers: Home: | Work: | Cell: _ | |
| Email Address: | | | |
| Employer: | | | |
| Occupation/Position: | | | |
| Name of Public Official or Organization You R | epresent: | | |
| Do you have a background or expertise in: | | | |
| Fiscal Management or Accounting | Yes | No | |
| Early Childhood Education & Development | Yes | - | |
| Education (other than Early Childhood) | Yes | No | |
| Business Administration | Yes | No | |
| Community Affairs | Yes | No | |
| Housing | Yes | No | |
| Fundraising | Yes | No | |
| Other | Yes | No | |
| If yes, please describe background and/or exp | pertise: | | |
| | | | |
| | | | |
| Are you a licensed Attorney? pleas which you are familiar, including issues that c | | | practice or with |
| | | | |
| | | | |
| | | | |
| Are you a former Head Start Parent? | | | |

Are you presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded by any federal department or agency? ______ if yes, please attach an explanation to this application.

Have you been convicted of or had a civil judgment rendered against you for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction, for violation of federal or state antitrust statutes or for commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property? ______ if yes, please attach an explanation to this application.

Are you presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses above? ______ if yes, please attach an explanation to this application.

Have you had any public transactions (federal, state or local) terminated for cause or default during the three years prior to this application? ______ if yes, please attach an explanation to this application.

Why are you interested in serving on the Board?

Do you, any family members, or any entities with which you are associated, as an owner, partner, employee, officer, board member, or otherwise, do business with MOCA? _____ If yes, please describe below:

I hereby certify that all the information that I provide on this application or any other documents filled out in connection with this application, and in an interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am selected to serve on the Board and any such information is later found to be false or incomplete in any respect, I may be dismissed from the Board.

NAME: (Please Print) ______

SIGNATURE ______

DATE _____

Mail completed application and all documentation requested to MOCA, P O Box 69, Richland, MO 65556 or Fax to 573-765-4426, attention David Miller.

For more information, contact David Miller, Executive Director at 573-765-3263 or dmiller@mocacaa.org.

Missouri Ozarks Community Action, Inc.

BOARD ROLES AND RESPONSIBILITIES

(to be completed upon joining MOCA and thereafter on an annual basis)

ROLES:

- Believing in the mission of the agency and being committee to communicating it to the public
- Attending regular Board meetings
- Assisting in setting agency goals and defining strategies that will enable the agency to achieve its mission, e.g. serving on program committees, participating in needs assessments, helping plan projects, working on long-range strategy planning, etc.
- Mobilizing resources
- Helping publicize the work of the agency and establishing alliances within the community on behalf of the agency
- Fully participate in the Board decision-making process

RESPONSIBILITIES:

- Review all agency programs and budgets, and ensure compliance with the conditions of all grants and contracts
- Participate in meetings of your assigned committee
- Review and approve agency personnel policies and by-laws
- Support the Executive Director and review his/her performance
- Generate vision and long-term growth for the agency

As a Board member, I will do my best to meet the expectations of Missouri Ozarks Community Action, Inc.

Board Member Signature

Missouri Ozarks Community Action, Inc.

Confidentiality Policy Agreement

I am associated with Missouri Ozarks Community Action, Inc. in the capacity of

| Employee | Volunteer (Board Member) |
|------------|--------------------------|
| Consultant | Subsidized Worker |
| Contractor | |

I understand that by virtue of my position, I may have access to confidential information that is regulated by local, state or federal funding sources. Unauthorized disclosure of confidential information (verbal, written or electronic) will result in immediate consequences, up to and including prosecution.

My signature confirms that I have read, understand, and agree to abide by this policy as a condition of my association with Missouri Ozarks Community Action, Inc.

Print Name

Signature

Missouri Ozarks Community Action Conflicts of Interest

MOCA has guidelines to avoid real or potential conflicts of interest. It is your duty as an employee/Board Member of MOCA to follow these guidelines. If you have questions about conflicts of interest contact the Administrative Assistant or the Executive Director.

What is a conflict of interest? An actual or potential conflict of interest is when you are in a position to influence a decision or have business dealings on behalf of MOCA that might result in a personal gain for you or for one of your relatives. For conflicts of interest, a relative is any person who is related to you by blood or marriage, or whose relationship with you is similar to being a relative even though they are not related by blood or marriage.

We do not automatically assume there is a conflict of interest if you have a relationship with another company. However, if you have any influence on transactions involving purchases, contracts, or leases, you must tell the MOCA Executive Director as soon as possible. By telling us there is the possibility of an actual or potential conflict of interest, we can set up safeguards to protect everyone involved.

We hold all employees/Board Members to the same performance standards and scheduling expectations regardless if they have other jobs. In order to remain employed at MOCA, we will ask that all employees/Board Members follow the rules detailed in the Personnel Policy Manual. If your outside employment has an undesirable impact on MOCA, we will consider that it is a conflict of interest.

The possibility for personal gain is not limited to situations where you or your relative has a significant ownership in a firm with which MOCA does business. Personal gains can also result from situations where you or your relative receive a kickback, bribe, substantial gift, or special consideration as a result of a transaction or business dealing involving MOCA.

Employees/Board Members and members of their immediate families shall not solicit or accept gifts, gratuities, favors, or anything of monetary value (over \$10.00) for their own personal use or gain from any vendor, contactor, potential contractor, or subcontractor of the agency, any person applying for or receiving benefits or services through or from the agency, or any person in a position to benefit otherwise from the activities of the agency. When an employee/Board Member or the employee/Board Member's immediate family member applies for any type of MOCA program services, the Program Director (or designee) should approve the application. If salary information is requested from MOCA's Fiscal Office, the applicant must sign the appropriate authorization form.

No employee/Board Member shall be directly involved in any selection, award, or administration of a grant or contract involving federal, state, or local funds which affects, to his/her knowledge, the direct financial interest of: the employee/Board Member or his/her

immediate family; his/her business partner(s) or an organization with which he/she is negotiating or had any arrangement concerning prospective employment. Employees/Board Members may be required to sign a statement affirming these policies.

MOCA employees must abide by the Hatch Act that restricts political and lobbying activities. No employee may:

- Use his/her official authority or influence to affect the result of an election;
- Directly or indirectly coerce, command, or advise an employee of the CAA to give anything of value to any organization or person for political purposes;
- Be a candidate for elective office in a partisan election.

Any employee violating these policies is subject to disciplinary action up to and including termination. A Board Member violating these policies is subject to removal by the Board of Directors in accordance with the MOCA By-Laws.

I _____

Hereby state that I have read the Conflict of Interest Policy of MOCA. I agree to comply with all provisions of the policy during the period of my employment or tenure with the organization. I understand that failure to comply with this policy may result in disciplinary action, including removal from my position with MOCA.

If I become aware of an actual or potential conflict of interest, I will notify and disclose the circumstances to the Chair of the Board.

Signature

Missouri Ozarks Community Action

CONFLICT OF INTEREST POLICY DISCLOSURE FORM

(To be completed upon joining MOCA and thereafter on annual basis)

| ١. | Name: | |
|------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| | Spouse Name: | |
| | Childrer | n and Spouses: |
| | | |
| Ш. | individuals listed above in Section | e companies or partnerships in which any I currently have a material financial interest, or any other direct relationship (such as a paid |
| | Individual | Organization |
| 111. | | ons or subdivisions of government in which any |
| | individual listed above in Section | currently has any direct relationships with, such visory board member, or consultant. |
| | Individual | Organization |
| | | |
| | | |

BD - CONFLICT OF INTEREST DISCLOSURE FORM.docx

Missouri Ozarks Community Action Inc.

BOARD OF DIRECTORS

DECLARATION OF INTERESTS/POTENTIAL CONFLICT OF INTEREST

As a member of the Board of Directors of Missouri Ozarks Community Action, Inc., I declare the following associations and interests, which could be construed to represent a conflict of interest.

| (| Own a business | s, which may from | time to time sell | products or ser | vices to MOCA | within its |
|---|----------------|-------------------|-------------------|-----------------|---------------|------------|
| | procurement p | process. | | | | |

Own housing, which is rented through the Section Eight Rental Assistance Program/HUD or MHDC housing rental programs.

_____I am a participant in MOCA program services

____Other (describe) ______

____Other (describe) ______

Note: The above declarations do not constitute inappropriate service as a MOCA Board member, but rather are declared with the intent of avoiding participation in actions that may represent potential conflicts of interest that could arise from time to time.

As a Board member of Missouri Ozarks Community Action, Inc., I agree to declare any potential conflict of interest in which I or my company may derive gain and to refrain from discussion and voting in any issue which might be construed as a financial or other benefit to myself, my immediate family, or my company/organization of employment.

Signature



COMMUNITY ACTION **CODE OF ETHICS**

Our Community Action movement is inextricably tied to the aspirational vision established at the founding of the Community Action movement in 1964:

"It is, therefore, the policy of the United States to eliminate the paradox of poverty in the midst of plenty in this Nation by opening to everyone the opportunity for education and training, the opportunity to work, and the opportunity to live in decency and dignity."

We, in Community Action, are guided by our history and the Community Action Promise:

Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other.

To fulfill the Community Action Promise and the impact we seek we are personally and professionally committed to:

REMAIN FOCUSED ON MISSION

Recognize the chief function of the Community Action movement at all times is to serve the best interests of people with lower incomes which, in turn, serves the best interests of the entire community. Seek to empower people and revitalize communities. Engage in activities that move us closer to mission achievement and further our positive outcomes.

BE OUTSPOKEN ADVOCATES AND EDUCATORS

Actively inform the community and decision-makers about issues affecting those with lower-incomes. Courageously confront and dismantle myths about social and economic inequality. Participate in promoting policies that support social and economic mobility, which reinforce the values of an equitable society. INSPIRE CONFIDENCE AND TRUST IN THE COMMUNITY ACTION MOVEMENT

Lead and serve with professional competence and be up to date on emerging issues in our field. Practice the highest standards of personal integrity, confidentiality, respect, honesty, and fortitude in all we say and do. Bravely confront any behavior or practice that could erode public trust in Community Action or disregard the struggle of people living with low incomes.

PRACTICE SERVICE ABOVE SELF

Acknowledge service to the mission, vision and collective values of Community Action is beyond service to oneself. Avoid real and perceived conflicts of interest and ensure undue personal gain is not realized from the performance of professional duties.

BE LEADERS, SUPPORT LEADERS, AND CREATE LEADERS

Actively engage people with low incomes in realizing and developing their own leadership skills. Respect and support other leaders, particularly the Community Action board of directors, by providing facts and advice as a basis for policy decisions and upholding and dutifully implementing policies adopted by the board. Personally practice open-mindedness, effective communication, inclusiveness, and self-care. Encourage and facilitate the professional and personal development of associates.

STRIVE FOR PERFORMANCE EXCELLENCE

Habitually opt for moving beyond mere compliance. Exercise our influence to inspire excellence through implementation of best practices, maximizing efficiencies, practicing innovation, providing outstanding, traumainformed customer service, and honestly and robustly evaluating the outcomes of our work.

I have read the Community Action Code of Ethics carefully and agree to abide by it.

Signature _____ Date _____

MISSOURI OZARKS COMMUNITY ACTION, INC. PRIVATE SECTOR BOARD APPOINTMENT

| Private Sector Group | |
|----------------------|--|
| Group Contact Person | |
| Address | |
| Phone | |

We want to be represented on Missouri Ozarks Community Action, Incorporated's Board of Directors. We have appointed the following members as our official representative and alternate.

| Representa | tive: | | |
|------------|-------|------|--|
| NAME: _ | | | |
| ADDRESS | 5: | | |
| PHONE: _ | | | |

| Alternate: (optional) | |
|-----------------------|--|
| NAME: | |
| ADDRESS: | |
| PHONE: | |

GROUP SIGNATURE: _____

| Date: | |
|-------|--|
|-------|--|

MISSOURI OZARKS COMMUNITY ACTION, INC. PRIVATE SECTOR BOARD APPOINTMENT

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|----------------------|--|
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|------------|-------|------|--|
| NAME: _ | | | |
| ADDRESS | 5: | | |
| PHONE: _ | | | |

| Alternate: (optional) | |
|-----------------------|--|
| NAME: | |
| ADDRESS: | |
| PHONE: | |

GROUP SIGNATURE: _____

| Date: | |
|-------|--|
|-------|--|