

Western Dakota Technical College Exhibit Number: 1015.Exhibit.001

BOARD OF TRUSTEES CONFLICT OF INTEREST FORMS

**I. Exhibit Title** – Request for Waiver and Waiver Authorization

**II. Exhibit Contact** – Executive Administrative Assistant to the President

**III. Exhibit** - See exhibit on following pages

Legal References: None

Board Approved 3/10/2021; Committee Reviewed 5/9/2023

**WESTERN DAKOTA TECHNICAL COLLEGE BOARD OF TRUSTEES**  
**REQUEST FOR WAIVER**

Date: \_\_\_\_\_

Name of the board trustee requesting the waiver:

Brief explanation of the potential conflict of interest:

Brief explanation of the essential terms of the contract(s) or transaction(s) from which a potential conflict of interest may arise, including:

- (1) all parties to the contract
  
- (2) the person's role in the contract or transaction
  
- (3) the purpose(s)/objective(s) of the contract
  
- (4) the consideration or benefit conferred or agreed to be conferred upon each party
  
- (5) the length of time of the contract
  
- (6) any other relevant information

Signature of Person Requesting Waiver: \_\_\_\_\_

**THIS IS A PUBLIC DOCUMENT**

**WESTERN DAKOTA TECHNICAL COLLEGE BOARD OF TRUSTEES**

**WAIVER AUTHORIZATION PURSUANT TO SDCL 3-23-3**

A written request for waiver of conflict, dated \_\_\_\_\_, was received from \_\_\_\_\_ . The request was acted upon by the members of the Western Dakota Technical College Board of Trustees during a meeting held on \_\_\_\_\_.

\_\_\_\_\_ The request for waiver was denied because the terms of the contract were not considered fair and reasonable, or contrary to the public interest.

\_\_\_\_\_ The request for waiver was authorized because the terms of the contract are fair, reasonable, and not contrary to the public interest such that a waiver should be granted.

\_\_\_\_\_ The request for waiver was authorized because the terms of the contract are fair, reasonable, and not contrary to the public interest such that a waiver should be granted, subject to the following conditions:

Signature of Board Chair or Authorized Member

\_\_\_\_\_

Printed Name: \_\_\_\_\_

Date \_\_\_\_\_

Date mailed to Auditor General \_\_\_\_\_

**THIS IS A PUBLIC DOCUMENT**