

CONFLICT OF INTEREST BOARD OF TRUSTEES FORMS

I. Exhibit Title – Request for Waiver and Waiver Authorization

II. Exhibit Contact – Chief Executive Assistant to the President and Board of Trustees

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: _____

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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 _____

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