Reset Form

CONFLICT OF INTEREST REPORTING STATEMENT DS 6016 (Rev. 08/2013)

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.

A. INFORMATION OF REPORTING INDIVIDUAL								
Name: Mirna Cardenas-Navarro		Regional Center:	San Diego Regional Center					
Regional Center Position/Title:	☐ Governing Board Member ☐ Vendor Advisory Commit ☐ Contractor ☐ Age	ttee sitting on Boar	☐ Executive Director d ☐ Employee ☐ Consultant					
Reporting Status: If a change in status, date and	Change of Status ¹		e):					

Please list your job title and describe your job duties at the regional center.
 Service Coordinator; I am responsible for an adult caseload of clients mainly residing with their parents, living independently and receiving ILS services. I am a liaison to a group home and to skilled nursing facility. My duties are to coordinate the most necessary services and supports in order for all clients to have the best possible living arrangements.

¹ Change of status includes 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, change in regional center, or change to outside position or duties. See California Code of Regulations, title 17, sections 54531(d) and 54532(d).

		☐ Executive Director ☐ Employee/Other
2.	Do you or a family member ² work for any entity or organization that is a regional center provided by the second center or regional center consumers. If the provider or contractor is a state or laprovide the specific name of the state or local governmental entity and describe your job of governmental entity. My sister, Carmen Borjon, works at Clinicas de Salud del Pueblo Inc., and works as a Representative/Billing Coordinator.	ervices it provides for the ocal governmental entity, duties at the state or local
3.	Do you or a family member own or hold a position ³ in an entity or organization that is a recontractor? yes no If yes, provide the name of the entity or organization, provides for the regional center or regional center consumers, and describe your or your interest.	describe what services it
4.	Are you a regional center advisory committee board member?	_
5.	If you are a regional center advisory committee board member and answered yes to all the above, do any of the following apply to you: (a) are you an officer of the regional center purchasing services from a regional center provider; or (c) do you vote on matters where you interest? yes no If yes, please explain.	board; (b) do you vote on

☐ Governing Board Member☐ Vendor Advisory on Board

² Family member includes your spouse, domestic partner, parents, stepparents, grandparents, siblings, stepsiblings, children, stepchildren, grandchildren, parent-in-laws, brother-in-laws, sister-in-laws, son-in-laws and daughter--in-laws. See California Code of Regulations, title 17, sections 54505(f).

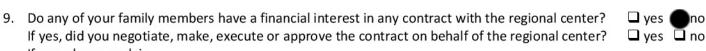
sections 54505(f).

Tor 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.

		☐ Governing Board Member ☐ Vendor Advisory on Board ☐ Executive Director ☐ Employee/Other
6.	Do any of the decisions you make when performing your job duties with the regional cerfinancially benefit you or a family member 4 ? [Note: Governing board members do not have question if the financial benefit would be available to regional center consumers or their factory yes no If yes, please explain.	ve to answer "yes" to this

7.	Are you	responsibl	e for	negotiating,	making, ⁵	executing o	or approving	contracts	on beł	alf of	the r	egional
	center?	☐ yes	no	If yes, plea	se explair	٦.						

8.	Do you have a financial interest in any contract ⁶ with the regional center?	☐ yes	no If yes, did you negotiate
	make, execute or approve the contract on behalf of the regional center?	yes	no If yes, please explain.



⁴ 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.

⁵ California 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.

⁶ 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.

							☐ Executive Director ☐ Employee/Other	6666- 66
10.	_	e employment applic		tract bids that	are submitted by	your fami	ly member(s)?	
	yes Tho	If yes, please explain						
	have any circu	s require you to act ir mstances or other fir erests of the regional	nancial interes	sts not already	discussed above	that would	d prevent you fror	
В.	ATTESTATION							
_ <u>N</u>	1irna Cardena	s-Navarro	(prin	t name) HERE	BY CONFIRM tha	at I have i	read and understa	and the
_		conflict of Interest Po	•					
		nplete, true, and cor nat might indicate th				_		
		Interest Policy or th						
		ately. I understand t	_					
	tement shall sul itutions Code s	bject me to a civil per ection 4626.	nalty in an am	ount up to fift	thousand dollar	s (\$50,000) pursuant to Welf	are and
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	Signature .	Key: cccfi f55a4193bfb3c2e91456	3fe53de		Dat	e	8/2021	-
	INTERNAL	LISE ONLY						
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		ing individual		dr ve	present \square p	otential co	onflict of interest	-
	Signature o	of Designated Review	er			Date Rev	iew Completed	_
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☐ Governing Board Member☐ Vendor Advisory on Board