

**THE MISSISSIPPI PARTNERSHIP  
WORKFORCE DEVELOPMENT AREA**

**CONFLICT OF INTEREST POLICY**

Revised June 4, 2026

## **The Mississippi Partnership Workforce Development Area Conflict of Interest Policy**

### **I. Scope and Purpose**

This policy aligns with the MDES Office of Grant Management's Conflict of Interest Policy and establishes mandatory standards of conduct ensuring integrity, impartiality, and full compliance with:

- 2 CFR 200.112 (written COI policies; disclosures to awarding agencies)
- 2 CFR 200.318(c)(1) (individual COI standards)
- 2 CFR 200.318(c)(2) (organizational COI standards)
- 2 CFR Part 2900 (DOL exceptions; stricter disclosure rules)
- WIOA Sec. 185(a)(1) (records requirements)
- TEGL 15-16 (one-stop operator procurement and COI protections)

### **II. Definitions**

- **Apparent COI:** A reasonable person could perceive undue influence.
- **Real COI:** A personal, financial, or organizational interest directly conflicts with duties.
- **Organizational COI (OCI):** Parent/affiliate/subsidiary relationships that impair impartiality or provide unfair advantage.
- **Immediate Family:** Spouse/partner, parents, children, siblings, and in-laws.
- **Business Partner:** Individual/entity with a shared financial venture.
- **Covered Individual:** MDES/SWDB/LWDB staff, board members, subrecipients, evaluators, agents.
- **Recusal:** Complete withdrawal from discussion, evaluation, voting, document access, or communication.
- **Firewall:** Controls that prevent information sharing or influence between conflicted parties.
- **Gratuity:** Any item of value offered by a contractor or applicant.
- **De Minimis Threshold:** MDES default = **zero-tolerance** (no gratuities).
- **Ethics/Compliance Officer:** Designated official responsible for COI oversight.

### **III. Mississippi Ethics Opinions, Statutory, and Constitutional Authorities**

In accordance with the Mississippi Ethics in Government Laws and their applicability to members of the SWIB and LWDB, Board members must adhere to Ethics Commission Opinion 06-099-E, 04-076-E, and 13-014-E.

A business whose owner, CEO, or employee serves on an LWDB is prohibited by *Section 109, Miss. Const. of 1890* and *Section 25-4-105(2), Miss. Code of 1972*, from receiving any contract that is funded by the LWDB. This prohibition applies to all contracts funded during the LWDB member's term and for one year after the LWDB member's term.

A recusal will not prevent a violation of Section 109 and Section 25-4-105(2), as these sections do not require any affirmative act by an individual member to give rise to a conflict, but merely action by the board. Accordingly, recusal by the affected SWIB or LWDB member will not prevent a violation these sections.

#### IV. **Standards of Conduct for Individuals (2 CFR 200.318(c)(1))**

##### A. COI Participation Prohibition

Covered Individuals may not participate in any procurement or governance action where they, their immediate family, or their business partners have a financial or material interest. This includes prospective employers.

##### B. Gratuities

Individuals must follow the following guidelines related to gratuities:

- Zero-tolerance standard applies.
- Any offer of a gratuity must be reported within 2 business days.
- Conference meals of general attendance are permitted.

##### C. Disclosure Requirements

Individuals must follow the following guidelines related to disclosure of COI:

- Initial disclosure: Upon hire/appointment.
- Annual disclosure: Completed at start of each year.
- Event-driven: Within 2 business days of COI arising.
- Prospective employment: Immediate written disclosure and recusal.

##### D. Recusal Procedures

1. **Triggering Recusal**: Upon identifying a real or apparent COI, the Covered Individual must immediately notify the Ethics/Compliance Officer and, if the Covered Individual is a board member, notify the Board Chair. Recusal must occur before any participation in the affected matter.
2. **Scope of Recusal**: Recusal is total and complete. The recused individual must:

- Abstain from all deliberation and discussion, formal or informal, in person, by telephone, or by any other means;
  - Abstain from reviewing or signing any related documents;
  - Physically leave the meeting room before the matter is introduced and not return until after the vote is complete and recorded; and
  - Refrain from attempting to influence the outcome through any means.
3. **Assignment of Substitute:** The Ethics/Compliance Officer (or Board Chair, for board matters) must assign a substitute Covered Individual free of the identified COI to perform the affected duties.
  4. **Documentation:** All recusals must be documented using Appendix B (Recusal and Mitigation Log) and Appendix D (Sample Board Recusal Statement and Meeting Minutes Notation), as applicable. Documentation must include: the identity of the recused individual; the procurement action or governance decision affected; the nature of the COI; the date of recusal; and the identity of the substitute assigned.

#### E. Evaluation Team Controls

- Pre-screen all evaluators for real or apparent COI. Must be documented.
- Signed evaluator attestations required.
- External evaluators (not employed by MDES, the SWDB, or the LWDB) must sign the same attestation and a non-disclosure agreement prohibiting disclosure of proprietary offeror information.
- Individuals who develop specifications cannot serve on evaluation teams unless documented and justified.
- Firewalls implemented where mitigation is approved.

#### F. Consequences

Failure to follow these standards of conduct for individuals with COI may result in disciplinary action, cost disallowance, contract remedies, federal notification, and referrals to oversight authorities.

### V. Organizational COI Standards (2 CFR 200.318(c)(2))

#### A. Applicability

Required for any non-governmental entity with a parent, affiliate, or subsidiary. The MS Partnership extends screening to all offerors regardless of organizational type.

#### B. OCI Screening

For every procurement:

- Assess relationships with parent/affiliate/subsidiary entities.
- Require offeror OCI disclosures (Appendix C).
- Identify risks related to impartiality, access to non-public information, or dual roles.

#### C. Impartiality Test

If an objective observer could not conclude impartiality, OCI must be mitigated or the offeror disqualified.

#### D. Mitigation Options

- Firewalls
- Separate financial/legal reporting
- Non-Disclosure Agreements (NDA)
- Independent oversight
- Recusal
- Enhanced monitoring

Mitigation must be documented using Appendix E.

#### E. Disqualification

If an Organizational COI exists and mitigation is inadequate, the organization may be disqualified from receiving an award. The basis must be documented.

#### F. Documentation

Procurement files must include screening results, disclosures, findings, mitigation plan, and approvals.

#### G. Existing Subrecipient OCI Assessment

Annual review required, with documentation and reporting of material OCIs.

### **VI. Procurement Controls & One-Stop Operator Requirements (TEGL 15-16)**

#### A. Procurement Integrity

- Full and open competition required.
- Document all evaluations and award decisions.
- Arm's-length negotiations required.

## B. One-Stop Operator Requirements

- Competitive procurement at least every 4 years.
- LWDB members representing potential operators must recuse fully.
- Entities serving multiple roles (operator, provider, fiscal agent) require:
  - OCI assessment (Appendix E)
  - Documented firewalls
  - Independent oversight
- MDES or LWDB must conduct program integrity reviews.

## VII. Governance Requirements

### A. Board Members

Annual Appendix A disclosures required; update within 5 business days of changes.

### B. Agenda Management

Advance review required; COI items flagged; COI disclosure included as a standing item.

### C. Recusal Protocol

Member must publicly disclose COI, leave room, and not return until the vote is concluded. Abstention alone does not meet requirements.

### D. Quorum

Recused members are not counted toward a required quorum for affected items.

### E. Minutes

Minutes must document disclosure, recusal time, return time, and vote counts.

## VIII. Training, Communication, and Certifications

### A. Initial Training

Initial Training of COI should be completed within 30 days of hire/appointment.

### B. Annual Training

Annual training should be completed and covers federal requirements, examples, Organizational Conflicts of Interest (OCIs), and state ethics laws.

C. Documentation

Training roster maintained using Appendix F.

D. Board Orientation

COI policy must be included in board orientation. Board members must sign Appendix A before attending first meeting.

E. Annual Acknowledgements

All Covered Individuals must sign Appendix A annually.

**IX. Reporting, Investigations, Disclosures**

A. Reporting Channels

Reports may be submitted to the Ethics/Compliance Officer, TRPDD fiscal agent staff, MPWDA Board Chair, or other designated officials.

B. Non-Retaliation

The Mississippi Partnership strictly prohibits any form of retaliation.

C. Investigations

TRPDD fiscal agent staff will:

- Conduct preliminary review within 5 business days.
- Conduct formal investigation within 45 days.
- Fully document any findings and corrective actions.

D. Mandatory Federal Disclosures

- MS Partnership must disclose to MDES within 5 business days
- MDES must disclose to USDOL-ETA within 5 business days
- Corrective Action Plans are required within 30 days.

**X. Monitoring & Oversight**

A. Internal Monitoring

The MS Partnership will conduct periodic reviews of procurement activities, maintaining and tracking conflict-of-interest disclosures, and examining board meeting minutes for compliance and accuracy.

B. Subrecipient Monitoring

MDES will monitor the LWDB to ensure LWDB adoption and implementation, OCI screenings, and board documentation.

C. Corrective Action

Deficiencies must be documented, corrected within 30 days, and verified.

**XI. Records Management (WIOA Sec. 185)**

A. Required Records

The MS Partnership will maintain Appendices A–F, investigation files, disclosures, mitigation plans, meeting minutes, and federal notifications.

B. Record Retention

The MS Partnership will retain records for the greater of:

- 3 years from final expenditure report,
- WIOA requirements, or
- Resolution of audits/litigation.

C. Record Storage

The MS Partnership will maintain secure physical or electronic records, with litigation holds implemented when required.

D. Record Availability

Records must be accessible to MDES, USDOL, GAO, and authorized oversight entities.

**XII. Roles & Responsibilities**

- **TRPDD Executive Director:** Oversees implementation.
- **Ethics/Compliance Officer:** Primary authority for conflict of interest oversight, including training, investigations, tracking, and issuing guidance.
- **Procurement Officer:** Implements OCI screening as well as documents evaluations and disclosures.

- **Workforce Development Director:** Ensures board compliance and reporting.
- **MS Partnership Board Chair:** Manages meeting-based COI processes.

### **XIII. Effective Date**

This policy is effective June 4, 2026.

## **APPENDICES**

Appendix A	MS Partnership Annual COI Disclosure & Acknowledgement Form
Appendix B	MS Partnership Recusal and Mitigation Log
Appendix C	Procurement OCI Screening & Mitigation Checklist
Appendix D	Board Recusal Statement
Appendix E	Organizational COI Risk Assessment and Firewall Plan Template
Appendix F	Annual Training Acknowledgement Roster Template

## **REFERENCES**

1. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR Part 200, §§ 200.112, 200.318(c)(1)–(2), 200.334. Available at: <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200>
2. Department of Labor Exceptions to 2 CFR Part 200, 2 CFR Part 2900. Available at: <https://www.ecfr.gov/current/title-2/subtitle-B/chapter-XXIX/part-2900>
3. Workforce Innovation and Opportunity Act, Pub. L. 113-128 (2014), Sections 101(f), 101(h), 185(a)(1). Available at: <https://www.dol.gov/agencies/eta/wioa/resources>
4. U.S. Department of Labor, Employment and Training Administration, Training and Employment Guidance Letter (TEGL) 15-16: Guidance on the One-Stop Delivery System Under WIOA. Available at: [https://wdr.doleta.gov/directives/corr\\_doc.cfm?DOCN=3851](https://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=3851)
5. Mississippi Code Annotated § 25-4-105(1) and (2) (1972).
6. Section 109, Mississippi Constitution of 1890.
7. Mississippi Ethics Commission Advisory Opinions 13-014-E, 06-099-E, 04-076-E. Available at: <https://www.ethics.ms.gov>

## The Mississippi Partnership Annual COI Disclosure & Acknowledgement Form

*Revised 6/4/2026*

**Instructions:** All Covered Individuals must complete this form upon hire/appointment AND annually thereafter. Complete ALL sections. If the answer to any question in Section II is "Yes," provide a complete description in the space provided. Submit the completed form to your Ethics/Compliance Officer. Retain a copy for your records.

### SECTION 1: INDIVIDUAL INFORMATION

Full Name	
Title/Position	
Organization	
Type of Covered Individual (check all that apply)	<input type="checkbox"/> Employee <input type="checkbox"/> Officer <input type="checkbox"/> Agent <input type="checkbox"/> Board Member <input type="checkbox"/> Consultant/Contractor <input type="checkbox"/> Evaluator
Disclosure Period	<input type="checkbox"/> Initial (Upon Hire/Appointment) <input type="checkbox"/> Annual – Year _____ <input type="checkbox"/> Event-Driven Update – Date of Triggering Event _____

### SECTION 2: CONFLICT OF INTEREST DISCLOSURE QUESTIONS

*Answer each question truthfully and completely. Attach additional pages if needed.*

#### A. Employment and Financial Interest

- Do you, or does any member of your Immediate Family (spouse/domestic partner, children, parents, siblings, in-laws), or your Business Partner, have any employment relationship, ownership interest, consulting relationship, or financial interest in any organization that is currently, or to your knowledge, plans to become, a contractor, subrecipient, vendor, applicant, or awardee of WIOA funds administered by MDES, the State Workforce Development Board, or The Mississippi Partnership Workforce Board?

☐ Yes ☐ No

If Yes, describe: \_\_\_\_\_

- Are you currently negotiating, or have you been contacted regarding prospective employment with any organization that is a current or prospective WIOA contractor, subrecipient, vendor, or applicant?

☐ Yes ☐ No

If Yes, describe: \_\_\_\_\_

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**Annual COI Disclosure & Acknowledgement Form**

*Revised 6/4/2026*

3. Do you serve on the board of directors, advisory board, or in any governance capacity for any organization that is a current or prospective WIOA contractor, subrecipient, or applicant?

☐ Yes ☐ No

If Yes, describe: \_\_\_\_\_

**B. Organizational Relationships**

4. Does your organization (or its parent, affiliate, or subsidiary) have any financial, governance, or operational relationship with any current or prospective WIOA contractor, subrecipient, vendor, or applicant?

☐ Yes ☐ No

If Yes, describe: \_\_\_\_\_

5. Does your organization (or its parent, affiliate, or subsidiary) perform multiple roles in the local workforce system (e.g., one-stop operator and service provider; fiscal agent and training provider)?

☐ Yes ☐ No

If Yes, describe: \_\_\_\_\_

**C. Gratuities**

6. Have you solicited or accepted any gift, gratuity, favor, hospitality, entertainment, or item of monetary value from any WIOA contractor, vendor, applicant, or awardee during the disclosure period?

☐ Yes ☐ No

If Yes, describe: \_\_\_\_\_

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**Annual COI Disclosure & Acknowledgement Form**  
*Revised 6/4/2026*

**D. Prior Disclosure and Recusals**

7. Have you recused yourself from any procurement action or governance decision during the prior disclosure period?

☐ Yes ☐ No

If Yes, describe: \_\_\_\_\_

**SECTION 3: ACKNOWLEDGEMENT**

I have read and understand The Mississippi Partnership Conflict of Interest Policy. I agree to comply with all requirements of that policy and applicable federal and state laws and regulations governing conflicts of interest. I understand that:

- I must disclose any real or apparent conflict of interest promptly and update this disclosure within two (2) business days of any change in circumstances.
- Failure to disclose a known conflict of interest or participating in a procurement or governance action when a conflict of interest exists, may result in disciplinary action, cost disallowance, contract remedies, and/or referral to appropriate authorities.
- My signed disclosure will be retained in accordance with the records retention requirements of WIOA Sec. 185 and 2 CFR 200.334.

Signature: \_\_\_\_\_

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

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

**Ethics/Compliance Officer Use Only:**

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

Review Notes (if any): \_\_\_\_\_

Follow-Up Required? ☐ Yes ☐ No

Signature: \_\_\_\_\_

## The Mississippi Partnership Recusal and Mitigation Log

*Revised 6/4/2026*

**Instructions:** The Ethics/Compliance Officer must complete a log entry for every recusal action taken pursuant to The MS Partnership Conflict of Interest Policy. Retain this log in the official COI records file.

<b>Log Entry Number</b>	
<b>Date of Recusal</b>	
<b>Organization</b>	
<b>Procurement Action or Governance Decision ID/Title</b>	
<b>Brief Description of Matter</b>	
<b>Name of Recused Individual</b>	
<b>Title/Position of Recused Individual</b>	
<b>Nature of COI</b>	<input type="checkbox"/> Real <input type="checkbox"/> Apparent <input type="checkbox"/> Organizational (OCI)
<b>Description of COI/OCI</b> <i>(Identify the relationship, interest, or organizational connection that gives rise to the COI)</i>	
<b>Date COI First Identified</b>	
<b>Date Disclosed to Ethics/Compliance Officer</b>	
<b>Mitigation Steps Taken</b> <i>(Check all that apply and describe):</i>	<input type="checkbox"/> Recusal – Individual removed from matter <input type="checkbox"/> Firewall implemented (describe below) <input type="checkbox"/> Substitute assigned <input type="checkbox"/> OCI Mitigation Plan prepared (attach) <input type="checkbox"/> Disqualification of Offeror <input type="checkbox"/> Other (Describe below)
<b>Substitute Individual Assigned (if applicable)</b>	
<b>Outcome of Procurement/Governance Action</b>	
<b>Ethics/Compliance Officer Name</b>	
<b>Ethics/Compliance Officer Signature</b>	
<b>Date Log Completed</b>	
<b>Supporting Documents Attached to:</b>  <input type="checkbox"/> Recusal & Mitigation Log or <input type="checkbox"/> Board Minutes	<input type="checkbox"/> Appendix A – Disclosure Form <input type="checkbox"/> Appendix C – OCI Checklist <input type="checkbox"/> Appendix D – Board Recusal Statement <input type="checkbox"/> Appendix E – Firewall Plan <input type="checkbox"/> Other: _____

**The Mississippi Partnership**  
**Procurement OCI Screening & Mitigation Checklist**  
*Revised 6/4/2026*

**Instructions:** This checklist must be completed for every procurement action using WIOA funds. Part I must be completed by the Procuring Entity. Part II must be completed by each Offeror and submitted with its proposal/bid. Retain the completed checklist in the procurement file.

**PART 1: PROCURING ENTITY OCI SCREENING (Completed by Procurement Officer)**

Procurement Action ID/Title: \_\_\_\_\_  
 Date of Screening: \_\_\_\_\_  
 Name of Procurement Officer: \_\_\_\_\_

**Screening Questions:**

1. Does the procuring entity, The MS Partnership Workforce Development Board, or any of its parent, affiliate, or subsidiary organizations, have a financial, governance, or operational relationship with any prospective offeror?

☐ Yes ☐ No ☐ Unknown (investigate further)

If Yes, describe: \_\_\_\_\_

2. Was any prospective offeror involved in developing the specifications, statement of work, or selection criteria for this procurement in a manner that could provide an unfair competitive advantage?

☐ Yes ☐ No ☐ Unknown (investigate further)

If Yes, describe: \_\_\_\_\_

3. Does any member of the evaluation/selection team have a real or apparent COI with respect to any prospective offeror? (*Attach signed evaluator attestations.*)

☐ Yes ☐ No ☐ Unknown (investigate further)

If Yes, describe: \_\_\_\_\_

**The Mississippi Partnership**  
**Procurement OCI Screening & Mitigation Checklist**  
*Revised 6/4/2026*

4. **OCI Finding:** Based on the above screening, does an OCI exist with respect to this procurement?

☐ Yes – Complete Section Below    ☐ No – Document basis for No Finding

Basis for Finding: \_\_\_\_\_

**If OCI Found – Mitigation/Disqualification Decision:**

- ☐ No OCI Found – Proceed without mitigation  
☐ OCI Found – Mitigation Plan Approved (Attach Appendix E if applicable)  
☐ OCI Found – Offeror Disqualified

Ethics/Compliance Officer Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 2: OFFEROR OCI DISCLOSURE (Completed by Offeror and Submitted with Proposal)**

Offeror Name: \_\_\_\_\_  
 Procurement Action ID/Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

*Instructions to Offeror:* Federal regulations require that you disclose any organizational conflict of interest that could impair your ability to perform impartially under the proposed contract, or that could provide you with an unfair competitive advantage. Answer all questions truthfully and completely. Failure to disclose a known OCI may result in disqualification of your proposal or termination of any resulting contract.

1. Does your organization have a parent, affiliate, or subsidiary organization?

☐ Yes ☐ No

If Yes, identify all parent, affiliate, and subsidiary organizations: \_\_\_\_\_

**The Mississippi Partnership**  
**Procurement OCI Screening & Mitigation Checklist**

*Revised 6/4/2026*

2. Does your organization, or any of its parent, affiliate, or subsidiary organizations, have any financial, governance, or operational relationship with the procuring entity (The MS Partnership Workforce Board/Three Rivers Planning & Development District) or any of the procuring entity's parent, affiliate, or subsidiary organizations?

☐ Yes ☐ No

If Yes, describe: \_\_\_\_\_

3. Was your organization, or any of its parent, affiliate, or subsidiary organizations, involved in developing the specifications, statement of work, or selection criteria for this procurement?

☐ Yes ☐ No

If Yes, describe: \_\_\_\_\_

4. Do you believe that any relationship described above creates an organizational conflict of interest?

☐ Yes ☐ No ☐ Uncertain

If Yes or Uncertain, describe the nature of the potential OCI and your proposed mitigation measures:

\_\_\_\_\_

**Offeror Certification:**

I certify, to the best of my knowledge and belief, that the above disclosures are complete and accurate, and that I will promptly disclose any additional OCI that arises during the procurement process or the performance of any resulting contract.

Signature of Authorized Representative: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

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

**The Mississippi Partnership  
Board Recusal Statement**

*Revised 6/4/2026*

I, \_\_\_\_\_, hereby disclose that I have a

- ☐ real conflict of interest
- ☐ apparent conflict of interest
- ☐ organizational conflict of interest

with respect to Agenda Item \_\_\_\_\_

because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

In accordance with The Mississippi Partnership Conflict of Interest Policy, I am recusing myself from all deliberations, discussion, and voting on this item. I will leave the meeting room before this item is introduced and will not return until after the vote is recorded.

I understand that recusal means I may not discuss this matter with any board member, staff person, or other individual, formally or informally, before, during, or after this meeting.

Signature: \_\_\_\_\_

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

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

## The Mississippi Partnership Organizational COI Risk Assessment and Firewall Plan

*Revised 6/4/2026*

**Instructions:** Complete this template whenever an OCI has been identified involving a parent, affiliate, or subsidiary organization. The completed plan must be approved by the Ethics/Compliance Officer before the affected procurement is awarded or the affected subrecipient relationship continues. Retain in the procurement or subrecipient monitoring file.

### SECTION 1: ORGANIZATIONAL INFORMATION

Name of Entity Subject to OCI Assessment	
Type of Entity (Recipient/Subrecipient/Offeror)	
WIOA Program/Grant Involved	
Procurement Action ID or Subrecipient Agreement Number	
Date of Assessment	
Name/Title of Person Completing Assessment	
Ethics/Compliance Officer Reviewing Assessment	

### SECTION 2: ORGANIZATIONAL RELATIONSHIP MAPPING

*Identify and describe all parent, affiliate, and subsidiary relationships of the entity subject to this assessment.*

Organization Name	Relationship (Parent / Affiliate / Subsidiary)	Nature of Relationship (Governance / Financial / Operational / Shared Services)	Role in WIOA System (if any)

**The Mississippi Partnership**  
**Organizational COI Risk Assessment and Firewall Plan**  
*Revised 6/4/2026*

### SECTION 3: OCI RISK IDENTIFICATION

*For each organizational relationship identified above, answer the following:*

- 1. Impartiality Risk:** Could the organizational relationship impair the entity's ability to act impartially in connection with the procurement activity at issue?

☐ Yes ☐ No ☐ Uncertain

Description: \_\_\_\_\_

- 2. Unfair Competitive Advantage:** Does the organizational relationship provide the entity (or an affiliated entity) with an unfair competitive advantage in the procurement?

☐ Yes ☐ No ☐ Uncertain

Description: \_\_\_\_\_

- 3. Dual-Role Risk:** Is the entity, or any affiliated organization, performing multiple roles in the local workforce system (e.g., one-stop operator and service provider; fiscal agent and program operator)?

☐ Yes ☐ No

Description of all roles performed: \_\_\_\_\_

- 4. Financial Commingling Risk:** Are there shared financial systems, accounts, or reporting structures between the entity and any affiliated organization that could result in commingling of WIOA funds?

☐ Yes ☐ No

Description: \_\_\_\_\_

- 5. Information Sharing Risk:** Does the organizational relationship create the risk that non-public procurement or program information could be shared improperly between affiliated entities?

☐ Yes ☐ No ☐ Uncertain

Description: \_\_\_\_\_

**The Mississippi Partnership**  
**Organizational COI Risk Assessment and Firewall Plan**  
*Revised 6/4/2026*

## SECTION 4: OCI RISK IDENTIFICATION

Risk Level	Description	Disposition
<b>Low</b>	No material OCI risk identified; organizational relationship is remote or nominal.	Proceed; document basis for Low finding.
<b>Medium</b>	OCI risk exists but is manageable through standard mitigation measures.	Implement Firewall Plan (Section 5).
<b>High</b>	OCI risk is substantial and standard mitigation may be insufficient.	Implement enhanced mitigation or consider disqualification.
<b>Disqualifying</b>	OCI risk cannot be adequately mitigated.	Disqualify offeror or restructure subrecipient relationship.

**Overall OCI Risk Rating for this Assessment:** ☐ Low ☐ Medium ☐ High ☐ Disqualifying

Basis for Rating: \_\_\_\_\_

## SECTION 5: FIREWALL PLAN (Complete if Risk Rating is Medium or High)

### A. Personnel Controls

List all individuals subject to the firewall (i.e., individuals who must not cross the informational/decision-making boundary):

Name	Title	Organization	Role Subject to Firewall

### B. Information Restrictions

Identify the specific categories of information to which access is restricted:

- ☐ Procurement specifications and evaluation criteria  
☐ Proposal/bid documents of competing offerors  
☐ Evaluation scores and evaluator deliberations  
☐ Non-public program performance data  
☐ Financial data of the procuring entity or affiliated program  
☐ Other: \_\_\_\_\_

**The Mississippi Partnership**  
**Organizational COI Risk Assessment and Firewall Plan**  
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**C. Communication Prohibitions**

The following communications between firewalled entities/individuals are prohibited:

- ☐ Any discussion of the procurement or program activity at issue
- ☐ Sharing of any documents related to the procurement or program activity
- ☐ Joint meetings involving both firewalled and non-firewalled personnel regarding the matter
- ☐ Other: \_\_\_\_\_

**D. Independent Oversight**

Identify the independent oversight mechanism:

- ☐ Independent evaluator with no affiliation to either entity
- ☐ MDES or LWDB staff not affiliated with either entity
- ☐ External auditor or compliance reviewer
- ☐ Other: \_\_\_\_\_

**E. Monitoring and Verification**

Describe how the firewall will be monitored:

- Frequency of monitoring: ☐ Monthly ☐ Quarterly ☐ Other: \_\_\_\_\_
- Monitoring method: \_\_\_\_\_
- Responsible party: \_\_\_\_\_

**F. NDA Requirement**

- ☐ Non-Disclosure Agreements have been executed by all individuals subject to the firewall.

NDA Execution Date: \_\_\_\_\_ Parties to NDA: \_\_\_\_\_

**G. Duration of Firewall**

The firewall shall remain in effect from \_\_\_\_\_ through \_\_\_\_\_.

**SECTION 6: APPROVAL**

**Ethics/Compliance Officer**

**Signature:** \_\_\_\_\_

**Printed Name and Title:** \_\_\_\_\_

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

**Action Approved:**

- ☐ Proceed without mitigation (Low Risk)
- ☐ Proceed with Firewall Plan
- ☐ Enhanced mitigation required
- ☐ Disqualification

## The Mississippi Partnership Annual Conflict of Interest Training Acknowledgement Roster

*Revised 6/4/2026*

<b>Training Period:</b> Program Year / Calendar Year _____	<b>Training Dates:</b> _____
<b>Training Format:</b> <input type="checkbox"/> In-Person <input type="checkbox"/> Webinar <input type="checkbox"/> Online Module <input type="checkbox"/> Other: _____	
<b>Training Provider/Facilitator:</b> _____	
<b>Training Topics Covered (check all that apply):</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> The MS Partnership Conflict of Interest Policy Requirements  <input type="checkbox"/> OCI concepts, examples, and mitigation requirements  <input type="checkbox"/> One-Stop Operator Procurement &amp; TEGL 15-16 Requirements  <input type="checkbox"/> Mississippi State Ethics Law (§ 25-4-105; Section 109, Mississippi Constitution)            _____         </div> <div style="width: 50%;"> <input type="checkbox"/> 2 CFR 200.318(c)(1)-(2) individual and organizational COI standards  <input type="checkbox"/> Disclosure, recusal, and reporting procedures  <input type="checkbox"/> Consequences for noncompliance  <input type="checkbox"/> Other: _____         </div> </div>	

#	Printed Name	Title/Position	Organization	Date Training Completed	Signature	COI Disclosure Submitted?
1						<input type="checkbox"/> Yes <input type="checkbox"/> No
2						<input type="checkbox"/> Yes <input type="checkbox"/> No
3						<input type="checkbox"/> Yes <input type="checkbox"/> No
4						<input type="checkbox"/> Yes <input type="checkbox"/> No
5						<input type="checkbox"/> Yes <input type="checkbox"/> No
6						<input type="checkbox"/> Yes <input type="checkbox"/> No
7						<input type="checkbox"/> Yes <input type="checkbox"/> No
8						<input type="checkbox"/> Yes <input type="checkbox"/> No
9						<input type="checkbox"/> Yes <input type="checkbox"/> No
10						<input type="checkbox"/> Yes <input type="checkbox"/> No

*(Add rows as needed)*

**Ethics/Compliance Officer Certification:**

I certify that the individuals listed above completed conflict of interest training consistent with MDES State Policy #05 (Revised) and The Mississippi Partnership Conflict of Interest Policy.

Signature: \_\_\_\_\_

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

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