

Family Partnerships of Central Florida

PROCEDURE

Series:	HR- Practices	COA: HR 5.; ETH 2, 4, 5; TS 2
		CFOP:
Procedure Name:	Employee Conflict of Interest	
Procedure Number:	HR-2502	
Reviewed Date:	12/1/15, 4/16/24	
Revision #/Date:	(2) 09/08 (3) 7/8/13 (4) 2/18/14 (5) 8/11/1, (6) 2/8/1, (7) 8/7/19, 06/05/25 9/2004	
Effective Date:	All Family Partnerships of Central Florida (FPOCF) Staff	
Applicable to:		

PURPOSE: This procedure is designed to protect the interests of each employee of the agencies in his or her business and personal relationships as they pertain to their jobs on a daily basis. It is the intent of this procedure that all business conducted on behalf of the agency is done in a manner which is impartial and always maintains the best interest of the agencies and its clients. It is in the best interest of each employee to disclose any potential or perceived conflict of interest so that the best interest of each employee is also considered in conjunction with the interest of the agencies and its clients.

PROCEDURE:

1. Staff are required to disclose any and all relationships that he or she or members of their family may have with services being managed or provided through the Family Partnerships of Central Florida (FPOCF). Staff are also required to disclose any relationships that he or she or members of their family may have with any businesses with which these agencies may do business. Such relationships shall include but are not limited to:
 - a. Relationships of individuals who may be receiving services that are managed by the agencies or provided directly by the agencies.
 - b. Any existing or requested outside employment of any employee of the agencies.
 - c. Any employment of immediate family members that may do business with the agencies and/or are seeking to do business with same.
 - d. Appointment to an official position with any business or agency (for profit or non for profit).
 - e. Any management responsibility for such business.
 - f. Assignment as a volunteer in any membership campaign or fund drives.
2. All staff are required to fill out a Conflict of Interest form within 45 days of hire, and then annually for the duration of the staff member's employment with the FPOCF. Supervisors are responsible for reporting perceived or potential conflicts to the Human Resources Director who will present these to the FPOCF Executive Team for review, discussion, and assessment.
3. If the Executive Team determines that a conflict exists, the Human Resources Director will meet with the employee to discuss the concerns.
4. However, it is the responsibility of each employee to request and fill out a new Conflict of Interest form at any time that there is a new potential or perceived Conflict of Interest as it may relate to the employment relationship with the agencies.

Family Partnerships of Central Florida

5. If an employee wishes to pursue outside employment in addition to maintaining current employment with the agency, the employee must submit a request to the Human Resources Director providing details of the outside employment including the name of the organization, the work to be performed, the time when this would be performed, and other related information as appropriate.
6. The Human Resources Director then presents this information via email to the Executive Team for a decision. If the request is approved, a memo is crafted to the employee by the Human Resources Director. The memo provides the approval for the employee to pursue the outside employment and the terms and conditions associated with this approval and a statement of the consequences should the employee fail to conform to the stated restrictions or limitations.
7. The employee is required to sign and date this memo and return it to the Human Resources Director with a new signed Conflict of Interest form. This form is maintained in the employee's personnel file.
8. Should a real conflict of interest be identified through this review, recommendations to resolve this conflict of interest are discussed with the employee directly by the supervisor and the Human Resources Director.
9. Where perceived or actual conflicts of interest are identified, the agency will consider options to mitigate the conflict.

Recommendations may include but are not limited to:

- a. Recommendation to modify access of a client record for an employee due to the relationship identified in their conflict of interest form.
 - b. Recommend that the employee be required to eliminate such conflict up to and including dissolving a business or employment relationship volunteer relationship, or appointment to an official position.
 - c. Recommend a change in position which would eliminate the conflict of interest if an individual qualifies for a position and if one is available.
 - d. The employee may be provided with the opportunity to choose between the conflicting situations in order to eliminate one of them.
10. Any employee who knowingly participates in activities that constitute a real or potentially perceived conflict of interest, without proper disclosure of the existence of such a conflict, will be subject to disciplinary action up to and including termination.
 11. FPOCF shall notify Centene/Sunshine within five (5) business days of discovery of any officer, director or agent who is an employee of the State of FL or any of its agencies

The following is a list of actions which are considered improper, regardless of the circumstances.

- a. Making or accepting payment or other consideration in exchange for referrals.
- b. Steering, directing referrals to, or giving preference to clients more easily or less costly to serve for the organization and practitioners within the organization.
- c. Unfairly steering or directing referrals to specific service provider organizations, such as network owners, or individual practitioners within the network.
- d. Steering or directing referrals to private practices in which personnel, consultants, or the immediate families of personnel and consultants are engaged.
- e. It is the policy of the Florida Department of Children and Families and FPOCF that information, obtained through FSFN or other FPOCF and its subsidiaries' client records,

Family Partnerships of Central Florida

is not to be obtained for an employee's own or another person's personal use. This is a violation of the Agency's and DCF policies on Security and Florida Statutes and a breach of these policies results in immediate disciplinary action including termination of employment.

- f. Seeking directly or indirectly any payments, fees, services, loans or cash gifts from person or business entity that does or seeks to do business with the Agency.
- g. Accept for personal use, for the use of others, any gift, favor, loan, gratuity, reward, promise of future employment, or any other thing of monetary value that might influence, or appear to influence, the judgment or conduct of the employee in the performance of their job.
- h. Give, offer, or promise directly or indirectly anything of value to any representative of a customer, a potential customer, a vendor or potential vendor, financial institution or potential financial institution with whom Family Partnerships of Central Florida and its subsidiaries has or may have a business relationship.
- i. Conducting business on behalf of Family Partnerships of Central Florida and its subsidiaries with a relative or a business entity with which the employee or a relative is associated, except where such dealings have been disclosed and specific approval has been given.

The preceding list is not intended to apply to:

- 1. Occasional unsolicited courtesy gifts or favors (such as business lunches, tickets to sporting events or cultural events, holiday baskets, flower, etc.) as long as the gifts or favors have a market value under \$25.00 which are customary in the industry and do not influence or appear to influence the judgment or conduct of the employee. Any exception to this amount needs to be discussed with the staff's supervisor.
- 2. Gifts, bequests, or accommodations based upon relationships (personal or family) when it is clear that these relationships, rather than the business of the person concerned are the motivating factors for such gifts, bequests, or accommodations.
- 3. Dining and entertainment at reasonable levels when such social courtesies are business oriented and can be reciprocated.
- 4. Advertising or promotional materials such as pens, note pads, desk accessories, or other items where the value does not exceed \$25.00 unless the receipt of these gifts is to advocate for the organization providing the promotional materials.
- 5. Awards given by charitable, civic, religious or similar organizations for meritorious contributions or achievements.
- 6. Loans from financial institutions at normal and customary interest rates.

BY DIRECTION OF THE PRESIDENT AND
CHIEF EXECUTIVE OFFICER:



PHILIP J. SCARPELLI
President and Chief Executive Officer
Family Partnerships of Central Florida

APPROVAL DATE: August 14, 2025



**Family Partnerships
of Central Florida**

BREVARD | ORANGE | OSCEOLA | SEMINOLE

Family Partnerships of Central Florida

A Community Based Care Agency

389 Commerce Pkwy, Ste. 120

Rockledge, FL 32955

321-752-4650

321-752-3188

FPOCF.org

CONFLICT OF INTEREST DISCLOSURE FORM

For Officers, Employees, Consultants, and Volunteers

Name: _____

Title/Role: _____

Department: _____

Supervisor's Name: _____

In accordance with FPoCF Policy HR2502, *Employee Conflict of Interest*, officers, employees, consultants, and volunteers are required to disclose any actual or potential conflicts of interest upon hire/appointment and on an ongoing basis.

I acknowledge that I have read and understand FPoCF's Conflict of Interest Policy

☐ I am in compliance with the policy.

☐ I am reporting the following potential conflicts, including any financial or business relationships with other related parties.

☐ I am reporting affiliations with other organizations where I serve as a Officer, Employee, Consultant, or Volunteer.

Disclosure Details

(Please provide detailed information, including the name of the organization, your role, work schedule/hours, duties, and any other relevant information that would help the committee understand the nature of the relationship.)

I understand that I am responsible for promptly reporting any changes in my affiliations or relationships that may affect compliance with this policy. I also understand I may be held personally liable for failure to disclose a conflict of interest that results in personal gain or violates applicable laws.

Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____