

CONFLICT OF INTEREST ANALYSIS UNDER 41 C.F.R. § 304-1.5

ACCEPTANCE OF PAYMENT FROM A NON-FEDERAL SOURCE FOR TRAVEL EXPENSES requires **in all cases** that a conflict of interest analysis be performed by an authorized agency official. The "authorized official" is an Ethics Advisor or a Deputy Ethics Official. To ease administration of the requirement for a conflict of interest analysis, this outline tracks the elements of the regulation. The analysis should be accomplished on this page. Additional sheets may be attached if needed.

IMPORTANT: Payment from a non-Federal source shall not be accepted if the authorized agency official determines that acceptance under the circumstances would cause a reasonable person with knowledge of all the facts relevant to a particular case to question the integrity of agency programs or operations.

In making this determination, an authorized agency official shall be guided by all relevant considerations, including, but not limited to:

- (1) The identity of the non-Federal source (*see reverse for identifying information*);
- (2) The purpose of the meeting or similar function;
- (3) The identity of other expected participants;
- (4) The nature and sensitivity of any matter pending at the agency affecting the interests of the non-Federal source;
- (5) The significance of the employee's role in any such matter specified in (4) above; and
- (6) The monetary value and character of the travel benefits offered by the non-Federal source.

Analysis: Acceptance of the travel WOULD cause a reasonable person with knowledge of all the facts relevant to a particular case to question the integrity of agency programs or operations?

Yes _____ No _____

Explain your response to the above question: _____

NOTE: The authorized agency official may find that, while acceptance from the non-Federal source is permissible, it is in the interest of the agency to qualify acceptance of the offered payment by, for example, authorizing attendance at only a portion of the event or limiting the type or character of benefits that may be accepted.

The qualifications on acceptance, if any, are: _____

Recommendation of Ethics Advisor:

Accept _____ Do Not Accept _____ Signature/Date: _____

