



Describe the screen established by your ethics officer: *(Attach additional pages as needed.)*

On August 18, 2015, when this matter first came as a possible recommendation for action, IHCD's Ethics Officer sent an email notifying all involved of the potential conflict of interest and to screen me from any discussion regarding the item.

While the possible recommendation fell within my delegated authority as agency director, upon counsel of the Ethics Officer, staff prepared this matter for action by IHCD's independent Board of Directors so that my potential conflict would have no influence on the outcome of the matter. The Ethics Officer has ensured throughout the Board preparation process that I have remained screened.

On October 21, 2015, when it became clear that the matter would be before the Board, I sent a Notice of Conflict of Interest Form to IHCD's Ethics Officer, Board Chair, and the Board Secretary; a copy of which is attached hereto.

On October 22, 2015, at the Board meeting, prior to discussion of the conflicting matter, the Board Chair recognized the Ethics Officer who explained the potential conflict and the screen process implemented. The Board Chair then requested that I leave the room. Once the discussion ended and the vote was taken, the Board Secretary instructed me to return to the room.

While I am not a member of the IHCD Board and have no voting authority, I have asked that the minutes reflect that I recused myself and was not present

**AFFIRMATION**

Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.

Signature of state officer, employee or special state appointee

Date signed (month, day, year)

10.22.15

Printed full name of state officer, employee or special state appointee

J. Jacob Sipe

**FOR ETHICS OFFICER USE ONLY**

Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.

Signature of ethics officer

Date signed (month, day, year)

10.22.15

Printed full name of ethics officer

Mark J. Wuellner



## CONFLICT OF INTEREST

### DECISIONS AND VOTING

Jake, Mark, and Tonya:

Upon review of the packet for the October 22, 2015 IHCDA Board of Directors meeting, pursuant to IC 4-6-2-9 as Executive Director of IHCDA, I believe I have a conflict of interest associated with agenda item IV.B - Community Investment Fund of Indiana, Inc. Support Extension Request.

As such, I will work with the Ethics Officer to determine the existence of a conflict, and if one exists, will complete State Form 55860 (6-15) Ethics Disclosure Statement Conflicts of Interest - Decisions and Voting. Once complete, I will email same to Sondra Craig, Board Secretary, to be filed with the Office of the Inspector General.

Per IHCDA's screening procedures, I will exit the Board room before the agenda item mentioned above is discussed and will abstain from voting on this matter.

Sincerely,  
J. Jacob Sipe  
Executive Director

IHCDA