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: Nilo Choudhry	: Nilo Choudhry Regional Center: Westside					
Regional Center Position/Title:	<ul><li>☑ Governing Board</li><li>☑ Vendor Advisory</li><li>☑ Contractor</li></ul>	Member Committee sitting on Board ☐ Agent	<ul><li>□ Executive Director</li><li>□ Employee</li><li>□ Consultant</li></ul>			
Reporting Status:	☐ Annual☐ Change of Status	New Appointment (date):	August 1, 2024			
If a change in status, date and	circumstance of char	nge in status:				
<ol> <li>Please list your job title and describe your job duties at the regional center. Board Member</li> </ol>						

<sup>&</sup>lt;sup>1</sup> 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).

		☐ Employee/Other
2.	Do you or a family member <sup>2</sup> work for any entity or organization that is a regional center property was no If yes, provide the name of the entity or organization and describe what so regional center or regional center consumers. If the provider or contractor is a state or provide the specific name of the state or local governmental entity and describe your job of governmental entity.	ervices it provides for the ocal governmental entity,
	Maxim Health Services - brother Hamidul Choudhry-respite/personal assistance	
	\$	
3.	Do you or a family member own or hold a position <sup>3</sup> 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
	Maxim Health Services - brother Hamidul Choudhry - respite/personal assist	ance
4.	Are you a regional center advisory committee board member?	
	regional center consumers?   ves  no If yes, provide the name of the entity or what services it provides for the regional center or regional center consumers.	
5	If you are a regional center advisory committee board member and answered yes to all th	e guestions in Question 4
<i>J</i> .	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 y interest?  yes  no If yes, please explain.	board; (b) do you vote on
	N/A	

☐ Governing Board Member ☐ Vendor Advisory on Board

<sup>&</sup>lt;sup>2</sup> 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).

For 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.

		☐ Employee/Other
6.	Do any of the decisions you make when performing your job duties with the regional certification financially benefit you or a family member ? [Note: Governing board members do not hat question if the financial benefit would be available to regional center consumers or their fall yes  on If yes, please explain.	ve to answer "yes" to this
7.	Are you responsible for negotiating, making, sexecuting or approving contracts on behavener?  yes no If yes, please explain.  Yes, as review for consideration contracts over \$250,000 on behalf of WRC.	lf of the regional
8.		- If yes, did you negotiate, - If yes, please explain.
9.	Do any of your family members have a financial interest in any contract with the regional configuration of the regional configuration of the regional configuration of the regional configuration.	

☐ Governing Board Member Vendor Advisory on Board ☐ Executive Director

<sup>&</sup>lt;sup>4</sup> 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.

<sup>5</sup> 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.

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		
10. Do you evaluate emp ☐ yes ☑ no If yes,		or contract bids that	are submitted by yo	our family member(s)?		
have any circumstane		nterests not already		gional center consumers. Do you at would prevent you from acting es, please explain.		
B. ATTESTATION						
Nilo Choudhry		Inrint name) HEDE	RV CONFIRM that I	have read and understand the		
·	of Interest Policy and			this Conflict of Interest Reporting		
Statement are complete,	true, and correct to t	he best of my inforr	mation and belief. I	agree that if I become aware of		
-				e not complied with the regional the regional center's designated		
				his Conflict of Interest Reporting		
Statement shall subject n	ne to a civil penalty in a			550,000) pursuant to Welfare and		
nstitutions Code section	4626.					
	nchords		_	7/29/2024		
Signature	, 6		Date	<u> </u>		
Data this Statemen		ulowani				
-	Date this Statement was received by Reviewer:  The reporting individual □ does □ does not have a □ present □ potential conflict of interest					
The reporting ind		does not have a				
Signature of Design	gnated Reviewer		Da	ate Review Completed		
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☐ Governing Board Member ☐ Vendor Advisory on Board