

Employee's Name: _____

Exhibit 1

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 a designated Agency Ethics Advisor. 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. **A letter of acceptance may not be signed/dated until the conflict of interest analysis is complete.** Additional sheets may be attached if needed.

IMPORTANT: Payment from a non-Federal source will 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: (PROVIDE INFORMATION #1-6 and analysis/explanation)

- (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:_____

**USDA OFFICE OF ETHICS - SCIENCE ETHICS BRANCH
APPROVAL AND REPORT OF TRAVEL FUNDS RECEIVED FROM NON-FEDERAL SOURCES**

This form must be completed in its entirety or it will be returned. 31 U.S.C. 1353, subsequently printed in Chapter 304, Part 1, of the Federal Travel Regulations, and governs the acceptance of payment for travel, subsistence, and related expenses from a non-Federal source, but not from a prohibited source, in connection with the attendance of an employee and/or accompanying spouse when applicable, at certain meetings and similar functions. Agencies are also required to submit semiannual reports of payments which total more than \$250 per event, and which have been accepted under this authority. The report is based on when payment is received rather than when travel is performed. All offices must maintain form SF-326 and submit these forms to the USDA Office of Ethics - Science Ethics Branch for the periods of October 1 through March 31 (due May 15th) and April 1 through September 30 (due November 15th). Offices must maintain records for six years, all requests should include: 1) letter of invitation; 2) conflict of interest analysis and 3) letter of acceptance.

Employee	Spouse (If Applicable)
1. Name: _____ First MI Last	7. Name: _____ First MI Last
2. Position Title: _____	8. Beginning Date of Travel: _____ - _____ - _____
3. Duty Station: _____	9. Ending Date of Travel: _____ - _____ - _____
4. Telephone No.: (_____) - _____ - _____	10. Reason for Spouse's Travel _____ _____
5. Beginning Date of Travel: _____ - _____ - _____	
6. Ending Date of Travel: _____ - _____ - _____	
NOTES: _____	

Event Information	Acceptance Information
9. Kind of event:(check one): <input type="checkbox"/> Meeting <input type="checkbox"/> Seminar <input type="checkbox"/> Conference <input type="checkbox"/> Speaking Engagement	13 What expenses are being paid for by the non-Federal source? <input type="checkbox"/> Common Carrier <input type="checkbox"/> Lodging <input type="checkbox"/> Meals <input type="checkbox"/> Other(Itemize) _____ _____ _____
10. Location of Event: _____, _____ City State/Country	
11. Title of Event: _____	
12. Name of Event Sponsor: _____ Address: _____ _____	14. Value (in U.S. Dollars) received from non-Federal source: <input type="checkbox"/> In Kind \$ _____ <input type="checkbox"/> Paid to Agency \$ _____ <input type="checkbox"/> Other (Explain) _____

I certify that the information provided on this form and all attached documents are true, complete, correct, and comply with the guidelines of 41 CFR Part 304-1, Federal Travel Regulations, Acceptance of Payment From a Non-Federal Source, for travel expenses, to the best of my knowledge.

Traveler's Signature _____ Date _____

I certify that I approved acceptance of the above travel, subsistence and related expenses from the non-Federal source in advance of the proposed travel being accomplished by the employee and after having reviewed the conflict of interest analysis on the reverse of this sheet.

Approving Official's _____ Date _____
Signature