NEW JERSEY STATE ETHICS COMMISSION

AGENCY JOINTLY SPONSORED EVENTS/ACTIVITIES FORM

This form, or a memorandum containing the information described below, must be submitted pursuant to the State Ethics Commission's Guidelines for Joint Ventures and the Private Financing of State Activities. The State Ethics Commission reserves its statutory authority to accept, modify or reject an agency's joint venture determination.

A) EVENT/ACTIVITY INFORMATION

1) State Agency: _____

2) Name Of Agency Official Coordinating Event/Activity: _____

Title Of State Official: _____

Phone Number: _____

3) Name of the Event/Activity To Be Funded:

4) Nature and Purpose of the Event/Activity:

☐ Draft Agenda and Materials Describing Proposed Event/Activity Attached

5) Approximate Date, Time and Duration of Event/Activity:

6) Location of Event/Activity:

7) Approximate Cost of Event: Total Costs _____

A) State's Share of Costs _____

B) Private Entities Share of Costs _____

8) Identity of All Joint Sponsors And Donors (Providing Goods or Services):

☐ Sponsor/Donor List Attached

A) Are Any of the Joint Sponsors or Donors Interested Parties To Your State Agency? (Vendors/contractors: Entities regulated By the State Agency: Grantees To The State Agency; Entities That Advocate Positions Before The State Agency: Interested Party Associations To The State Agency). Yes ☐ No ☐

If answer is "Yes" list each entity below (or attach list) providing name of the entity and the type of interested party relationship)

B) Detail the contributions of the sponsors/donors to the event or activity:

9) Identify Any Amenities That Could Accrue To The Personal Benefit of A State Officer or Employee or Special State Officer or Employee (e.g., overnight stay at hotel, meals, transportation):

10) Identify the Participants and Attendees to The Event/Activity (State and Non-State).

☐ List of State Agency Employees Attending Event Attached

11) Will the Private Co-Sponsor(s) Be Retaining Any Fees/Funds Left Over From This Event?

12) Identify Role to Be Played By The State Agency (Providing speakers or staff, lending name of agency to invitation, funding).

B) ETHICS LIAISON OFFICER EVALUATION AND APPROVAL

1) Name of ELO:

Phone Number:

2) Does the above-described event/activity serve a legitimate State purpose? How does the event support or further the agency's mission?

3) Does this event have a social component to it, e.g., reception, awards dinner? Yes ☐ No ☐
If "Yes" checked, describe social component(s) below.

*In your opinion, could the above-described social component give rise to a public perception problem? If "Yes" checked, detail answer below. Yes ☐ No ☐

4) Is the date, time, duration and location of this event appropriate? Yes ☐ No ☐
If "No" checked, detail answer below.

5) Why is this event or activity being held in the location noted in Section A. above?

6) Is the cost of this event reasonable? Explain.

7) What is the relationship between your agency and the event participants? Event attendees? Indicate whether this event could create the appearance that your State agency and the participants/attendees have too close of a relationship.

8) Are more employees than usual attending this type of event because it is being underwritten by private sector entities? Explain.

9) How often in the past has your agency co-sponsored an event with these co-sponsors?

10) Did your agency solicit the sponsors for this event, or was your agency approached to be a sponsor?

11) Who solicited contributions to fund this event or aspects of this event?

12) Are there any amenities that will accrue to the personal benefit of State employees in connection with this event (free meals, recreational activity, etc)?

Jointly Sponsored Event: _____

State Agency: _____

C) ELO COMMENTS AND OPINION:

ELO Signature _____

Date: _____