



## REQUEST FOR APPROVAL TO SERVE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF A NONPROFIT PROFESSIONAL ORGANIZATION IN AN OFFICIAL CAPACITY

### Form OE-208 - Approval Procedure and Instructions

#### **A. EMPLOYEE INSTRUCTIONS**

1. Obtain a copy of (a) the invitation or nomination (email accepted) from the nonprofit professional organization and (b) a copy of (or hyperlink to) the organization's bylaws.
2. Complete Parts I-IV of Form OE-208.
3. Digitally sign Part IV Form OE-208 then electronically (via email) forward Form OE-208, the invitation/nomination, and a copy of the organization's bylaws (or provide a weblink/hyperlink to this document), to your supervisor.

#### **B. SUPERVISOR RESPONSIBILITIES**

1. Review Form OE-208, considering the following:
  - a. Does USDA have a clear interest in having an employee represent the Department's interest in the particular organization?
  - b. Does the Agency have funds available to support this activity; including potential travel related expenses as noted above in the employee's request?
2. Complete Part V of Form OE-208.
3. Digitally sign Form OE-208 and electronically (via email) forward Form OE-208, employee's invitation/nomination, and either an electronic copy of the organizations bylaws (or ensure that the employee has placed a web address to this document in Part II, 1.C, page 3 of the form) to the proper USDA Ethics Office (see ethics provider information below).

#### **C. APPROVING AGENCY OFFICIAL (AGENCY HEAD OR DESIGNEE) RESPONSIBILITIES**

1. Review Form OE-208 and electronic attachments.
2. Complete and digitally sign Part VII of Form OE-208.
3. Return (via Email) completed Form OE-208 (and any attachments) to the appropriate USDA Ethics Office (see below).

#### **ELECTRONICALLY SUBMIT FORM OE-208 (AND SUPPORTING DOCUMENTS) TO THE PROPER ETHICS PROVIDER**

· **Departmental Management, Staff Offices, Filers of Public Financial Disclosure Reports and Political Appointees** (Office of the Assistant Secretary for Civil Rights, Departmental Management, Office of Budget and Program Analysis, Office of Communications, Office of Congressional Relations, Office of Advocacy and Outreach, Office of Homeland Security, Office of the Inspector General, Office of the Chief Economist, Office of the Chief Financial Officer, Office of the Chief Information Officer, Office of the Executive Secretariat, Office of the General Counsel, and Office of the Secretary Risk Management Agency), please submit your completed form and materials to: [DAEO.ETHICS@OE.USDA.GOV](mailto:DAEO.ETHICS@OE.USDA.GOV).

· **Farm and Foreign Agricultural Services** employees (FSA, FAS and RMA), please submit your completed form and materials to: [ETHICS-FFAS@OE.USDA.GOV](mailto:ETHICS-FFAS@OE.USDA.GOV).

· **Food Safety** employees (FSIS), please submit your completed form and materials to: [ETHICS-FoodSafety@OE.USDA.GOV](mailto:ETHICS-FoodSafety@OE.USDA.GOV).

· **Food, Nutrition and Consumer Services** employees (CNPP and FNS), please submit your completed form and materials to: [ETHICS-FNCS@OE.USDA.GOV](mailto:ETHICS-FNCS@OE.USDA.GOV).

· **Marketing and Regulatory Programs** employees (AMS, APHIS and GIPSA), please submit your completed form and materials to: [ETHICS-MRP@OE.USDA.GOV](mailto:ETHICS-MRP@OE.USDA.GOV).

· **Natural Resources and Environment** employees (FS and NRCS), please submit your completed form and materials to: [ETHICS-NRE@OE.USDA.GOV](mailto:ETHICS-NRE@OE.USDA.GOV).

· **Research, Education and Economics** employees (ARS, ERS, NAL, NASS and NIFA), please submit your completed form and materials to the appropriate Agency/Designated Area/ONP Ethics Advisor (for ARS & NAL employees)/Liaison (for ERS, NASS & NIFA employees). A list of current ethics personnel can be found at: <https://www.ethics.usda.gov/science/docs/agency-ethics-contacts.pdf>

· **Rural Development** employees (RD), please submit your completed form and materials to: [ETHICS-RD@OE.USDA.GOV](mailto:ETHICS-RD@OE.USDA.GOV).



**United States Department of Agriculture  
USDA Office of Ethics  
OE-208**

**REQUEST FOR APPROVAL TO SERVE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF A  
NONPROFIT PROFESSIONAL ORGANIZATION IN AN OFFICIAL CAPACITY  
5 CFR 2640.203(m)**

Initial Request

Revised Request

**NOTE:**

\* This request must be resubmitted for approval upon a significant change in the nature of this activity, the outside organization, or in your official position.

\*This form is not required for serving in positions on employee associations and groups covered by USDA Departmental Regulations 4020-251 or 4020-251-01.

**PART I - EMPLOYEE INFORMATION**

<b>1. Employee's Name (Last, First, MI)</b>	<b>2. Agency</b>
<b>3. Official Address</b>	<b>4. Telephone</b> <span style="float:right"><b>Ext.</b></span>
	<b>5. Email</b>
<b>6. Title of Current USDA Position</b>	<b>7. Grade</b>
<b>8. Financial Disclosure Status:</b> <input type="checkbox"/> OGE-450 Confidential Disclosure Filer <input type="checkbox"/> Other: _____ <input type="checkbox"/> OGE-278 Public Disclosure Filer <input type="checkbox"/> Nonfiler: _____	
<b>9. Name of Immediate Supervisor</b>	<b>10. Telephone</b> <span style="float:right"><b>11. Ext.</b></span>
	<b>12. Email</b>

**13. Nature of Official USDA Duties**  
Describe the principal duties and responsibilities of your current USDA position.

**14. Will serving in an official capacity on this nonprofit professional organization further and support USDA's mission?**

Yes (If "yes," describe fully below.)  No

**PART II: NONPROFIT PROFESSIONAL ORGANIZATION INFORMATION**

**1. Nonprofit Professional Organization - Identify the nonprofit professional organization, its mission, and its relationship to USDA.**

**a. Is this a Professional Organization?\***

Yes (If "yes," describe fully below.)       No

\* **Professional Organization** means a nonprofit (established under Section 501(c) of the U.S. Internal Revenue Code) association, scholarly society, or organization (or local chapter of such organization), whose membership is drawn primarily from within a recognized professional, technical, or managerial field of work that normally requires credentials acquired from an institution of higher learning or a course of specialized instruction. Typically, the primary purpose of such groups or associations is to improve their profession and advance professional growth and development of their respective members in their career field. A professional group or association may include members of several related professions or disciplines.

**b. Name of Nonprofit Professional Organization.**

**c. What is the mission of the Nonprofit Professional Organization?**

**d. Please submit either a copy of the organization's bylaws or a hyperlink to their location, along with this form.**

Bylaws accompany this form

Bylaws Hyperlink

**e. How does the mission of the Nonprofit Professional Organization relate to your official duties?**

<b>2. Nonprofit Professional Organization Contact Information</b>	<b>Title</b>	
<b>Contact Person</b>		
<b>Address</b>	<b>Telephone</b>	<b>Ext.</b>
	<b>Email</b>	

**3. Is the Nonprofit Professional Organization currently or likely to be in a dispute or litigation with the U.S. Department of Agriculture or any other Federal agency?**

Yes (If "yes," describe fully below.)       No

4. **Grantee, Contractor or Other Status:** Does the nonprofit professional organization currently receive, or intend to seek in the future, any grants, contracts, cooperative agreements, or other support from USDA?

Yes (If "yes," describe fully below.)       No

**PART III: SCOPE OF DUTIES WITH NONPROFIT PROFESSIONAL ORGANIZATION**

1. Indicate the type of position with the nonprofit professional organization for which you are requesting prior approval.

Officer       Board of Directors       Trustee       Other: \_\_\_\_\_

2. Describe in detail specific duties or services to be performed (attach additional sheets, if needed).

3. Provide a copy of the written invitation or nomination from the outside nonprofit professional organization. If you are unable to provide this information, or will be delayed in submitting this attachment, please explain below.

Explain:

4. Location: Indicate the location(s) where the proposed nonprofit professional organization service will be performed.

5. Time Commitment: Provide details (below) with respect to the duration, time commitment, and term of office for the nonprofit professional organization.

a. Period Covered	b. Estimated Time Devoted to the Proposed Activity			c. Term of Office
<u>From (mm/dd/yy)</u> <u>To (mm/dd/yy)</u>	<u>Hours Per day</u>	<u>Days Per Week</u>	<u>Weeks Per Year</u>	

6. Travel: Indicate whether travel is anticipated, and if so, to what extent the transportation will include airfare, lodging, meals, or per diem. Supervisors must assess, in advance, whether sufficient official travel funds will be available.

Yes       No      Estimated Amount: \$ \_\_\_\_\_

Describe reasons for travel in detail:

**IMPORTANT:**

- All official travel requests must comply with Federal Travel Regulations and relevant Executive Branch and Departmental policies, procedures, and guidance.
- Approval of this request, if granted, does not necessarily mean that funds will be available to fund any particular requested travel.

**PART IV: EMPLOYEE'S CERTIFICATION OF ACCURACY, ETHICAL COMPLIANCE, AND CONFLICT OF INTEREST AVOIDANCE**

1. I certify that I will not participate in USDA determinations to award grants, contracts, cooperative agreements, or other USDA support, such as the provision of personnel or resources, to the nonprofit professional organization.
2. I certify that I will not participate in the development of USDA regulations that could affect the nonprofit professional organization.
3. I certify that I will refrain from preparing or presenting requests from the nonprofit professional organization to obtain any Federal funds or other form of Federal support for the nonprofit professional organization, except in the case of requesting approval of official travel to attend or to speak at a meeting or conference of the nonprofit professional organization based on a determination that to do so would be in the best interest of the Government.
4. I certify that I will not receive compensation for this outside position.
5. I certify that I will not solicit gifts from the nonprofit professional association. Also, I certify that I will only accept offered gifts in compliance with applicable ethics regulations and after consulting with the Office of Ethics.
6. I certify that I will not participate in the financial or personnel decisions of the nonprofit professional organization without prior agency approval.
7. I understand that all official travel requests must comply with Federal Travel Regulations and relevant Executive Branch and Departmental policies, procedures, and guidance.
8. I understand that approval of this request, if granted, does not necessarily mean that funds will be available to fund any particular requested travel.
9. I certify that I will not fundraise for the nonprofit professional organization.
10. I certify that I will not lobby either the legislative or the executive branches on behalf of the nonprofit professional organization.
11. I certify that I have had the opportunity to seek and obtain ethics guidance from the USDA Office of Ethics (during normal working hours) and acknowledge that ethics information is also available to me 24 hours a day on the USDA Ethics Website at: [www.USDA.gov/ethics](http://www.USDA.gov/ethics) and at the U.S. Office of Government Ethics Website at [www.oge.gov](http://www.oge.gov).
12. I understand that this request must be resubmitted for approval upon a significant change in the nature of this activity, the outside organization, or in my official position.
13. I certify that all of the statements I have made and the information I have provided on this form are true, complete, and accurate to the best of my knowledge.

Employee's Signature

Date

**NOTE:** You must forward a copy of: (1) the invitation or nomination (email accepted) from the nonprofit professional organization, (2) a copy of the organization's bylaws/charter (Unless you provided a hyperlink/web-address to the bylaws in the section above), and (3) this form to your immediate supervisor for review. If you do not have a copy of the written invitation or nomination you must complete Part III, question 3.

**PART V: IMMEDIATE SUPERVISOR'S REVIEW AND RECOMMENDATION**

The undersigned supervisor, identified in Part 1, Item 9, has reviewed the employee's responses, obtained additional information where appropriate, and recommends the following action:

Will the employee serving in an official capacity on this nonprofit professional organization further and support USDA's Mission?

Yes (If "yes," describe fully below.)

No

**Recommend Approval:** If this box is checked, the supervisor understands that if serving on the outside board is approved, the employee will be disqualified from performing official duties that involve or affect the nonprofit professional association where the employee serves (if there are any limitations, please list them in the comments section below).

**Recommend Disapproval:** If this box is checked, do not forward to the Office of Ethics.

Comments:

By signing, the supervisor certifies that he or she has consulted within his or her agency and considered whether funds will be available to support this activity, including potential travel related expenses as noted above in the employee's request.

\_\_\_\_\_  
Immediate Supervisor's Signature

\_\_\_\_\_  
Date

**NOTE: You must forward a copy of: (1) the invitation or nomination (email accepted) from the nonprofit professional organization, (2) the organization's by laws/charter (Unless a hyperlink/web-address has been provided in Part II, item 1.d above), and (3) this form to the Office of Ethics for review. If you do not have a copy of the written invitation or nomination the filer must complete Part III, question 3.**

**PART VI: USDA OFFICE OF ETHICS REVIEW**

1. Name of USDA Ethics Official

2. Title of USDA Ethics Official

This ethics review is limited to ensuring that this request complies with all the applicable ethics rules.

Request as described above complies with the applicable ethics rules.

Request as described above does not comply with the applicable ethics rules.

Comments:

USDA Ethics Official's Signature

Date

**PART VII: APPROVING AGENCY OFFICIAL**

1. Name of Approving Agency Official

2. Title of Approving Agency Official

After reviewing the materials submitted herein, I, the undersigned Approving Agency Official  Approves  Disapproves the employee's request to serve on the nonprofit professional organization, in his/her official capacity, subject to the representations made above and the limitations identified herein.

Comments:

Approving Agency Official's Signature

Date

**Approving Agency Official: Please Forward Completed Document to Appropriate Ethics Office**