



Donation Approval Request Form

I hereby request approval to receive the following donation valued at \$25,000 or less for Guilford County as identified below:

Date of Donation Offer: 01/06/2026

Department: PUBLIC HEALTH

Amount of Donation Offer: \$3,500.00

Goods(s) Donation Offer:

Donation Offer from: Chandler Charitable Foundation

If donation offer is from a business, what is the primary purpose of the business?

Provide a brief explanation of the donation offer or intended use of the goods offered:

Dental clinic supplies and or improvements

Has the donor proposed any restriction on the donation offer? If so, please explain.

N/A - states use as needed

Does the Department or County have an existing relationship with the donor? If Yes, please explain.

No Yes

Annually makes a donation to the public health dental clinic. Family donated the Chandler clinic building on Freindly avenue to the county several years ago.

I certify nothing has been promised in exchange for the donation offer.

I certify that accepting this donation offer does not create a known conflict of interest.

× Louise Baldwin
Department Director or Designee Signature

01/06/2026
Date

× John C. Barfield
Finance Receipt Acknowledgement

01/06/2026
Date

× Matt Turcola
County Legal Approval

01/06/2026
Date

× Victor Isler
County Manager Approval

01/19/2026
Date

Conflict of Interest Disclosure Form

A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by any Guilford County employee’s material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed.

This Disclosure Form should indicate whether the department director or any employee within the department has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the proposed donation.

The department director should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. The department shall adhere to all organizational established regulations and guidelines in financial conflicts.

Date: 01/06/2026

Name: Louise Baldwin

Position: Agency Business Manager

Describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

I have no conflict of interest to report.

I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

- 1. _____
- 2. _____
- 3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

¹ Situations in which a Guilford County employee or representative could have an actual or perceived conflict of interest must be strictly avoided. A conflict of interest is a situation in which an individual or someone close to them may benefit from a decision that they can make or influence.

Examples would include soliciting donations for personal use (e.g., asking for and receiving a vehicle that is used for personal use), directing a sponsor or donor to purchase from a business owned by the County employee or relative, or directing funds to a relative. Not all conflicts benefit the individual directly, for example a Public Health inspector asking for a donation from a restaurant for a gift card before inspecting the business may be perceived as coercion.

Printed Name: Louise Baldwin

Job Title: Agency Business Manager

Signature: *x Louise Baldwin*

Date: 01/06/2026