

Conflict of Interest Disclosure Form

Date: _____

Name: _____

Position (employee/volunteer/trustee): _____

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest between _____ and your personal interests, financial or otherwise:

_____ 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 (or Related Persons) sit on, any for-profit businesses for which you or Related Person are an officer or director, or a majority shareholder, any vendor or supplier with whom you or a Related Person have a compensation arrangement which may have, or desire business with, _____, and the name of your employer and any businesses you or a Related Person own:

1. _____

2. _____

3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, understand, and agree to abide by, the Policy of Conflict of Interest of _____.

Signature: _____

Date: _____

Approved September 23, 2024