

SAMPLE

YOUR ORGANIZATION'S NAME Conflict of Interest Disclosure Questionnaire

The following questionnaire is to be completed annually by individuals of (the BOARD, MANAGEMENT, or ALL EMPLOYEES) of the (YOUR ORGANIZATION). It is a companion to (YOUR ORGANIZATION's) Conflict of Interest Policy (the "Policy") and the Policy will be made available to the individual at the time of completing this disclosure questionnaire.

By answering this questionnaire, the undersigned agrees to:

- review the (YOUR ORGANIZATION) Policy;
- disclose any possible personal, familial, or business relationship that reasonably could give rise to a conflict of interest or the appearance of a conflict of interest; and
- acknowledge by my signature that I am acting in accordance with the Policy.

Name (Print): _____

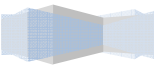
Name (Signature): _____

Date: _____

The information provided on this form shall be available for inspection by (YOUR ORGANIZATION's) governing body and (YOUR ORGANIZATION's) legal counsel, but shall otherwise be held in confidence, except when disclosure of this document is deemed by the governing body to be in (YOUR ORGANIZATION's) best interest.

Please answer the following questions to the best of your knowledge.

1. Provide a list of all corporations, partnerships, associations or other organizations of which you are an officer, director, trustee, partner, volunteer or employee, and describe your affiliation with the entity.



5. Please describe any other relationships, arrangements, transactions, or matters which you are aware of that could create a conflict of interest or the appearance of conflict.

CERTIFICATIONS:

The undersigned hereby certifies that s/he has received and read the *(YOUR ORGANIZATION)* Conflict of Interest Policy, and is currently, and agrees to remain, in compliance with the Policy. S/he further certifies, that to the best of her/his knowledge and belief, no interest exists that is required to be disclosed, other than as disclosed above

Signature

Title

Date

