

(Name of organization)

SAMPLE CONFLICT OF INTEREST DISCLOSURE STATEMENT

Preliminary note: In order to be more comprehensive, this statement of disclosure/ questionnaire also requires you to provide information with respect to certain parties that are related to you. These persons are termed "affiliated persons" and include the following:

- a. Your spouse, domestic partner, child, mother, father, brother or sister;
- b. Any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are, directly or indirectly, a debt holder or a beneficial owner of any class of equity securities; and;
- c. Any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

1. NAME OF EMPLOYEE OR BOARD MEMBER: (Please print)

2. CAPACITY: _____ Board of Directors
_____ Executive Committee
_____ Officer
_____ Committee Member
_____ Staff (position): _____

3. Have you or any of your affiliated persons *provided* services or property to _____ in the past year?

_____ YES _____ NO

If yes, please describe the nature of the services or property, and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

4. Have you or any of your affiliated persons *purchased* services or property from _____ in the past year?

_____ YES _____ NO

If yes, please describe the purchased services or property, and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

5. Please indicate whether you or any of your affiliated persons had any direct or indirect interest in any business transaction(s) in the past year to which _____ was or is a party.

_____ YES _____ NO

If yes, describe the transaction(s), and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

6. Were you or any of your affiliated persons indebted to pay money to _____ at any time in the past year (other than travel advances or the like)?

_____ YES _____ NO

If yes, describe the transaction(s), and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

7. In the past year, did you or any of your affiliated persons receive, or become entitled to receive, directly or indirectly, any personal benefits from _____ or as a result of your relationship with _____, that in the aggregate could be valued in excess of \$1,000, that were not or will not be compensation directly related to your duties to _____?

_____ YES _____ NO

If yes, please describe the benefit(s), and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

8. Are you or any of your affiliated persons a party to or have an interest in any pending legal proceedings involving _____?

_____ YES _____ NO

If yes, please describe the proceeding(s), and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

9. Please indicate whether you or any of your affiliated persons have any direct or indirect competition financial interest in any company or venture in direct competition with any service line of _____.

_____ YES _____ NO

If yes, please identify the company or venture and describe the interest to which you refer:

10. Please indicate whether you have any personal, professional or social relationship with any person or group associated with or affiliated with _____ that would prevent you from acting at all times in the best interests of _____.

_____ YES _____ NO

If yes, please identify the relationship and concern:

11. Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by _____'s [board of a duly constituted committee thereof] in accordance with the terms and intent of _____'s conflict of interest policy?

_____ YES _____ NO

If yes, please describe the situation(s), and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

I HERBY CONFIRM that I have read and understand _____'s conflict of interest policy and that my responses to the above questions are complete and correct to the best of my information and belief. I agree that if I become aware of any information that might indicate that this disclosure is inaccurate or that I have not complied with this policy, I will notify [designated officer or director] immediately.

Signature

Date

Acknowledgement

[Gregory R. Piché](#), J.D., and the Office of the Attorney General, State of Minnesota.

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