



**Board of Directors and Committee Volunteer
Conflict of Interest Disclosure and Confidentiality Agreement**

Printed Name

Date

- Board Member
- Board Officer, Position: _____

Community Services Support Foundation strives to maintain the highest ethical standards in all policies, procedures, and practices and to avoid any conflicts of interest. Grant decisions, investments, and vendor contracts will be entered into without bias or favoritism on the part of any of its Board members. The Community Services Support Foundation will uphold a duty of loyalty, act in good faith and in a manner that will further its mission and purpose. Board members are responsible to maintain the confidentiality of information and will not use their position or knowledge acquired in carrying out their duties for personal, professional gain or as a representative of other interests, public or private.

The purpose of the Conflict of Interest policy is to protect the interests of the Support Foundation, comply with the Internal Revenue Service's regulations, and provide guidelines for handling perceived, potential, or actual conflicts of interest. All Board members and committee volunteers will be asked to complete a Conflict of Interest disclosure form annually and update appropriately as soon as any new affiliations begins and before it becomes a matter of Board or committee action.

I have read the Community Services Support Foundation Conflict of Interest Policy and understand that as a representative of the Support Foundation, it is my obligation to act in a manner, which promote the best interests of the Support Foundation, and I shall not:

- Derive any personal profit or gain, directly or indirectly due to my relationship with the Community Services Support Foundation.
- Participate in the deliberation or decision making of any transaction that Community Services Support Foundation may have with any vendor or agency in which I may have a personal connection.
- Obtain any list of individuals for personal or private solicitation purposes at any time during my term with Community Services Support Foundation.



Please consider any personal, business or vendor relationships you may have with Community Services for Every1 and check all that apply:

1. Have you or any family members had a business relationship with or interest in Community Services for Every1, within the past three years in any of the categories below?

Please check all that apply:

- Family member receiving services.
- Employee or volunteer.
- Family member of an employee or volunteer.

For any items check, please describe the relationship:

2. Have you or any family members had a business relationship or interest in Community Services Support Foundation or Community Services for Every1, in any of the categories below?

Please check all that apply:

- Donor of funds or gifts.
- Relationship with a known donor.
- Financial interest in a proposed or existing contract, transaction, or grant.
- Vendor or supplier of good or services.
- Auditing Services.
- Other connection or material interest in a current or a potential vendor or supplier of goods or services.
- Participant in a compensation arrangement with an entity or individual doing business with Community Services for Every1.
- Officer, director, board member, trustee, owner, or other position of influence in a public or private entity conducting business with Community Services for Every1.
- Employee, regularly retained consultant, board member or other relationship/connection with a competitor of Community Services for Every1.
- Any other transaction in which the Community Service is a participant and/or other situations not previously identified that could be construed as placing you in a position of having a conflict of interest.

For any items checked above, please describe the relationship or situation:



- 3. **I HAVE NO CONFLICT OF INTEREST:** To the best of my knowledge, I report that no situation in which I am involved in or am aware of could be construed as placing me in a position of having a conflict of interest with Community Services Support Foundation except for those disclosed areas noted above for consideration. I have no prior or current personal or professional relationships or interest in or with Community Services for Every1 or Community Services Support Foundation.

My signature below certifies that the information I have provided is factual and accurate. If any information above changes or any situation involving a conflict, potential conflict or seeming conflict of interest should arise before the next annual conflict of interest procedure, I will report it promptly to the President and CEO of Community Services for Every1 and/or the Compliance Officer.

CONFIDENTIALITY AGREEMENT

The undersigned recognizes and agrees that the business of Community Services Support Foundation is conducted in strictest confidence and matters are discussed which are sensitive in nature, and therefore, confidential and of a proprietary nature. All information (i.e. policies, procedures, strategic or business plans, administrative memos, financial documents, etc.), whether in electronic or written format, is confidential and may not be released or shared with others without proper prior authorization of the President and CEO of Community Services for Every1. This includes, but is not limited to, the distribution or duplication of information that was originally created by others or me for the benefit and operations of the Foundation. Accordingly, the undersigned agrees in connection with any participation in meetings or other business activities, to maintain all information, whether or not specifically identified as confidential and proprietary in strictest confidence, absent specific authorization to release or disclose information to third parties. If the release is to occur by an employee of Community Services for Every1 or a member of the Foundation Board of Directors, the President and CEO is responsible for granting authorization to release the information.

Upon separation of my relationship with the Support Foundation, I will return all confidential information or data in my possession or control. I understand that once my relationship has been terminated, I have no right to access nor use agency information.

- I have received and reviewed the annual Corporate Compliance Training and know to contact the Compliance Officer should I have any questions/inquires.

Signature: _____

Dated: _____

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