



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, parent, child or spouse of a child, brother, sister, in-law or any other individual you are legally obligated to support;
- b any corporation or organization of which you are a board member, an officer, a partner, participate in management, employed by, compensated by, directly or indirectly, or are a debt holder or the 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 BOARD DIRECTOR, EMPLOYEE OR OTHER ENTITY: (Please print)

2. CAPACITY: _____ board of directors
 _____ committee member (non-voting or advisory)
 _____ staff (position): _____
 _____ other (please specify) _____

3. Have you or any of your affiliated persons provided services or property to the Foundation 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 the Foundation 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 the Foundation 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 the Foundation at any time in the past year (other than travel advances or the like)? _____ YES _____ NO

If yes, please describe the indebtedness 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 the Foundation or as a result of your relationship with the Foundation, 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 Foundation? _____ 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 the Foundation? _____ 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. 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 the Foundation's board of directors [or duly constituted committee thereof] in accordance with the terms and intent of the Foundation'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 HEREBY CONFIRM that I have read and understand the Foundation's conflict of interest policy and that my responses to the above questions are complete and correct to the best of my knowledge, 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 the appropriate officer or director immediately.

Signature

Date

Relationship to the Foundation
Director/Officer _____ Employee _____ Student/Work Study _____