**NORTHEAST INSTITUTE FOR QUALITY COMMUNITY ACTION**

 **CENTER OF EXCELLENCE GOVERNANCE DISCLOSURE FORM**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Type/Print) Date: \_\_/\_\_\_/\_\_\_**

**Service Type: \_\_\_\_\_\_Board of Directors \_\_\_\_\_Staff Member**

 **\_\_\_\_Other (Describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Policy Summary:**
2. **Acknowledgement Statement:**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name) hereby state that I have received and read the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Agency’s) Conflict of Interest Policy and agree to fully comply with all the required standards of behavior and reporting during my period of service within the organization. If I become aware of an actual or potential conflict as defined within this policy I will immediately notify the Executive Director or Chief Executive Officer who, as appropriate will notify the Chairman of the Board.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_/\_\_\_/\_\_\_**

1. **Disclosure Statement:**
2. **List all public and/or private organizations, groups, etc. in which you and/or any individual covered in the agency’s policy currently has a direct relationship (e.g., employee, board member, officer, advisor, consultant, etc.):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **List below any and all public and/or private organizations, groups etc. in which you believe that you or any individuals listed within the agency’s Conflict of Interest Policy currently have an actual or perceived material conflict as defined by the Policy:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_**

**Comments – Questions.**

1. **(OPTIONAL) Agency Bylaw Receipt Acknowledgement.**

**As required by federal Center of Excellence Standard 5.4 I acknowledge that I have received a copy of the (Name of Agency) Bylaws within the past 24 months**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/**