

## Conflict of Interest Disclosure Statement Fiscal Year \_\_\_\_\_

eac fin	e Conflict of Interest Policy of the County Partnership for Children requires the member of the Board of Directors or Officer of the organization to disclose any direct or indirect ancial or other material interest that s/he or any affiliated person(s) has in any proposed or existing intract, transaction, or arrangement with the partnership.
As	referenced in this document, the term "affiliated persons" includes: a. Immediate family (e.g., spouse, domestic partner, child, mother, father, brother, or sister) and b. Any organization/agency of which I am a board member, employee, or have a financial interest.
NA	AME
1.	Have you read and do you understand the Conflict of Interest Policy?YESNO
2.	Do you, or any affiliated person(s), have direct or indirect financial or material interest with any organization, agency, business, service provider or individual that is currently under contract and/or receives funds/payment from the partnership.
	Yes If yes, complete the balance of this form.
	No If no, sign and date the form and return to the Board Chair.
3.	Please list below any direct or indirect financial or other material interest that you or an affiliated person(s) may have with an agency, organization, service provider, business, or individual that would be considered an actual, apparent, or potential conflict of interest with the partnership.
	Contract, business transaction/arrangement, and/or investment (list each entity):

Toshion us trustee, sourd memoer, o	officer, partner, and/or employee (list each position	m und chirty)
Other relationship/activity (list each	n entity):	
isclosure Statement are complete and of	I the Conflict of Interest Policy and my responses correct to the best of my knowledge. I agree that dicate this disclosure is inaccurate or that I have not chair immediately.	if I become
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