

Conflict of Interest Disclosure Form



Continuum of Care Project Review Committee members. No Continuum of Care Project Review

Committee member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents. Members who are also CoC board members are restricted from such activity under 24 CFR 578.95 (b)

Project Review Committee members fill this form once per year; OCPEH Staff keeps current year forms on file.

Name
Current Employer or Business Affiliation
Position
Other Activities <i>Please include all employment, business, or financial interest which you or a member of your immediate family may have as an officer, director, trustee, partner, employee, or agent which might give a rise to a possible conflict of interest with the Orange County Partnership to End Homelessness.</i>
Charitable or Civic Involvement <i>Please list all official positions which you or any member of your immediate family may have as a director, trustee, or officer of any charitable, civic, or community organization as well as any unofficial roles such as significant donor, volunteer, advocate, or advisor which might give rise to a possible conflict of interest with the Orange County Partnership to End Homelessness.</i>

If at any time there is a matter under consideration that may constitute a direct or indirect conflict of interest not listed on this form, it is your obligation to disclose the facts in writing to the Leadership Team.

I do hereby affirm that I have received and read the policy and I will adhere to the document's spirit, principles, and practices.

_____ Signature
Date