

## APPENDIX 2: Conflict of Interest Disclosure Form



**24 CFR 578. 95 (b) Continuum of Care board members.** No Continuum of Care board 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.

**Leadership Team members fill this form once per year; Coordinator keeps current year forms on file.**

<b>Name</b>
<b>Current Employer or Business Affiliation</b>
<b>Position</b>
<b>Other Activities</b> <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>
<b>Charitable or Civic Involvement</b> <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 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.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature