

Willard Community Center Annual Conflicts of Interest Disclosure Statement 2019

Pursuant to the Conflicts of Interest Policy for directors adopted by the Board of Directors of the Willard Community Center requiring disclosure of certain interests, a copy of which has been furnished to me, I hereby disclose (i) the following affiliations, interests or transactions or (ii) the lack of any such affiliations, interests or transactions that, when considered in conjunction with my position with or in relation to the Center, might possibly constitute a conflict of interest. (This Annual Disclosure Statement is circulated to all persons to whom the policy applies to assist them in considering disclosure. Disclosure pertains to an affected, interested person and his or her immediate family members. Please understand that the Conflicts of Interest policy does not relieve an interested person from the continuing duty to make disclosure at any future time a conflict arises. Attach a separate sheet, if necessary.)

1. Please state whether you or a member of your immediate family have an ownership or investment interest, compensation arrangement or potential ownership or investment interest in or compensation arrangement with any entity or individual with which the Center is negotiating a transaction or arrangement or with which it is already involved.

_____YES

_____NO

- (a) If your answer is yes, please state:

- (i) The name of the entity or individual with which the Center is currently doing business with or otherwise negotiating a transaction or arrangement:

- (ii) The nature of the financial interest (investment, ownership or compensation arrangement):

2. Please state whether you or your immediate family member have an ownership or investment, compensation arrangement or potential ownership or investment interest in or compensation arrangement with the Center. Such arrangements shall not include any Board and committee fees for Board Members and standard compensation packages for Executive Director.

_____YES

_____NO

- (a) If your answer is yes, please state:

- (i) The name of the entity or affiliate, and the person who has the potential conflict if a family member:

- (ii) The nature of the financial interest (investment, ownership, or compensation arrangement):

3. Given the guidelines and directives set out in the Conflicts of Interest Policy, please list and describe any other circumstances which you believe could be considered a possible conflict of interest.

I hereby agree to report to the Executive Director or Board President as the case may be (in the procedure set forth in the Policy) any change in the responses to any of the foregoing questions which may result from changes in circumstances before completion of my next Conflicts of Interest Disclosure Statement.

I also hereby affirm the following:

1. I have received a copy of the Center's Conflicts of Interest Policy,
2. I have read and understand the Policy, and
3. I agree to comply with the Policy.

Signed _____

Date _____

NOTE: AFTER COMPLETING THIS FORM, PLEASE RETURN THE FORM TO THE EXECUTIVE DIRECTOR OR BOARD PRESIDENT OR THE DESIGNEE IN THE PREAMBLED ENVELOPE. UNLESS DISCLOSURE TO THE BOARD IS REQUIRED BY THE CONFLICTS OF INTEREST POLICY, YOUR RESPONSES ON THIS DISCLOSURE STATEMENT WILL REMAIN CONFIDENTIAL.