



## Conflict of Interest Statement

### **Reason for Policy:**

Conflict of Interest raise governance, tax, and regulatory issues for Community Action Agencies. They also raise concerns in the minds of the public and members of the media, potentially undermining the agency's reputation and good standing. For these reasons, board members/advisors should avoid Conflicts of Interest, disclose ethical, legal, financial, and other such conflicts, and remove themselves from deliberations and decision-making on matters in which they have a Conflict of Interest.

### **Reason for this Statement:**

Community Action Partnership of North Alabama, Inc. Board of Directors/Advisors is committed to the highest ethical standards in how a Community Action Agency conducts its business and operations. Completing this statement helps the board and management identify and evaluate situations and relationships that could be problematic, including ones that could jeopardize its tax-exempt status or ability to obtain grants or other funding. It also assists in reporting information required on IRS Form 990.

### **Completing this Statement:**

Each Board Member/Advisor is required to complete and sign this statement on an annual basis.

### **Identifying a Conflict or Relationship Does Not Necessarily Mean a Problem:**

In some instances, a board member/advisor may need to reveal a conflict or relationship when responding to a question. This does not necessarily mean that a board member/advisor has done anything improper or violated the Conflict of Interest Policy. By identifying conflicts and relationships, the board member/advisor has permitted the board and management to make an informed judgment, permitting them to address issues through appropriate action or safeguards.

### **Questions about the Policy or Statement:**

Please direct questions about the Conflict of Interest Policy or Statement to one of the following: Board Chair, CEO or CFO.

**Please base your answers to the questions below on facts that exist now.**

1. To the best of your knowledge, are you or any of your immediate family (spouse, child(ren), parent(s), sibling(s), grandparent(s), grandchild(ren) or a relative by marriage of comparable degree, step parents or step children, significant other and fiancé) engaged in any transactions with any employee of Community Action Partnership of North Alabama, Inc.?

Yes                      No

If yes, please identify the individuals or entities involved. \_\_\_\_\_  
\_\_\_\_\_

2. Has Community Action Partnership of North Alabama, Inc. proposed to contract to purchase or lease goods, services or property from you or from any of your relatives or associates?

Yes                      No

If yes, please identify the individuals or entities involved. \_\_\_\_\_  
\_\_\_\_\_

3. Have you used your relationship with Community Action Partnership of North Alabama, Inc. to obtain a contract, employment for yourself or any of your relatives or associates from a person or entity that does business with Community Action Partnership of North Alabama, Inc.?

Yes                      No

If yes, please identify the individuals or entities involved. \_\_\_\_\_  
\_\_\_\_\_

4. Have you or any of your relatives been provided use of the facilities, property or services of Community Action Partnership of North Alabama, Inc. in a way that is not available to others who benefit from the organization's services?

Yes                      No

If yes, please identify the individuals involved. \_\_\_\_\_  
\_\_\_\_\_

5. Have you or any of your relatives been provided use of the facilities, property or services of Community Action Partnership of North Alabama, Inc. in a way that is not available to others who benefit from the organization's services?

Yes                      No

If yes, please identify the individuals involved. \_\_\_\_\_  
\_\_\_\_\_

6. Have you solicited or accepted gifts, gratuities, favors or anything of monetary value (other than token gifts of low-cost, promotional items, such as pens, note pads, calendars, etc.) from (a) persons receiving benefits or services under any agency program (b) persons or organizations performing services for or providing goods or space to the agency (c) persons who are otherwise in a position to benefit from the actions of an employee, officer or board member or advisor?

Yes                      No

If yes, please identify the individuals involved. \_\_\_\_\_

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7. To the best of your knowledge are you aware of any other Conflict of Interest not disclosed above?

Yes                      No

If yes, please identify the individuals and/or board members involved and describe the situation.

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By signing this form, I certify that:

I have read and understand the Conflict of Interest Statement and I agree to abide by it and to the best of my knowledge, my responses on this statement are accurate, true, and complete.

Print/Type Name: \_\_\_\_\_

Signature (Fill & Sign): \_\_\_\_\_

Date: \_\_\_\_\_