

Board Member Name \_\_\_\_\_

**CONFLICT OF INTEREST  
AND  
BOARD RELATIONSHIP DISCLOSURES**



1. Conflict of Interest Policy. I have read the attached Conflict of Interest Policy of Health Care for the Homeless (“the Agency”).

2. Definitions

- A. “Financial Interest” means an interest in which a person, or the person’s immediate family member, receives financial benefit, directly or indirectly, through business, investment, or otherwise, including, but not limited to:
  - i. An ownership or investment interest in any entity with which the Agency has a transaction or arrangement;
  - ii. A compensation arrangement with the Agency or with any entity or individual with which the Agency has a transaction or arrangement; or
  - iii. An ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Agency is negotiating a transaction or arrangement.
- B. “Non-Financial Interest” means an interest in which a person, or the person’s immediate family member, receives a non-financial benefit directly or indirectly, through the person’s official actions or influence (e.g., nepotism, favoritism, sharing of sensitive information, etc.).
- C. “Immediate family member” means a spouse, child, parent, or sibling, by blood, marriage or adoption, or a person living in the same household.
- D. “Interested Person” means any Director, Officer, Advisory Board member or member of a committee with Board powers

3. Employment and Other Affiliations

A. I am employed by:

\_\_\_\_\_

B. I am serving on the Board of Directors for the following organizations:

\_\_\_\_\_

4. Disclosure of Financial and Non-Financial Interests

Financial and Non-Financial interests must be disclosed because they may result in a Conflict of Interest as described in the policy. Please check one of the following statements:

Neither I nor any immediate family member has any financial or non-financial interest as defined above.

I have the following financial and/or non-financial interest(s), either directly or through an immediate family member:

Entity: \_\_\_\_\_

Nature of Financial/Non-Financial Interest:

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Other information:

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5. Form 990 Information

In order to complete its IRS Form 990, the Agency must obtain information regarding certain “family relationships” and “business relationships” between and among the Agency directors and officers. Please check one of the following statements:

I do not have a family relationship or a business relationship of any kind with a director, officer or employee of the Agency.

I (individually, not through my employer) have the following family or business relationship with a director, officer or employee of the Agency:

Name of other director, officer or employee:

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Nature of relationship:

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6. Continuing Disclosure Obligation

I understand that I have a continuing obligation to disclose any financial or non-financial interest, family relationship or business relationship that I become aware of after signing this document.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Board Title)

\_\_\_\_\_  
(Date)