



Balance of State Continuum of Care Conflict of Interest Statement & Questionnaire 2018

Name: _____ Date: _____

Geographic Area of Representation: _____

Committee Membership and Position (if applicable): _____

Conflict of Interest:

I affirm the following:

- I have received a copy of the Balance of State Continuum of Care (BoS CoC) Conflict of Interest Policy. _____ (initial)
- I have read and understand the policy. _____ (initial)
- I agree to comply with the policy. _____ (initial)

Disclosures:

1. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with the BoS CoC? Yes No
 - a. If yes, please describe it:

 - b. If yes, has the financial interest been disclosed previously, as provided in the Conflict of Interest policy? Yes No
2. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with the BoS CoC? Yes No
3. Are you an independent member, as defined in the Conflict of Interest Policy? Yes No
 - a. If you are not independent, why?

Future Conflicts:

I also agree, during the term of my membership with the BoS CoC Governance Council and/or its Committees, to report promptly to the BoS CoC Chair and/or Secretary any **future** situation that involves me or might appear to involve me in any conflict between my outside interests and the best interests of the BoS CoC. _____ (initial)



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Questionnaire:

Please list your affiliations with businesses or corporations that the BoS CoC is currently in a relationship or transaction with which may be considered a conflict of interest. For instance, affiliations with entities receiving funding through the BoS CoC (recipient or sub-recipient) or Emergency Solutions Grant program sub-recipients should be listed.

BUSINESS/ORGANIZATION	NATURE OF RELATIONSHIP (i.e. officer, owner, employee, agent, board member)	TERM

Annual written disclosure statements will be provided to each Governance Council member at the in-person Annual Governance Council meeting or when enacting membership with a Committee of the BoS CoC. Members will not be permitted to participate in a discussion or take action on any item until the statement is on file with the BoS CoC.

By signing this Annual Statement I agree that the information provided is accurate, to the best of my knowledge. If any changes to this information arise, I will complete a new Annual Statement form.

Signature of BoS CoC Governance Council/Committee Member

Date