Name: Click or tap here to enter text. Date: Click or tap here to enter text.

Employer (if Housing/Homelessness related): Click or tap here to enter text.

**Conflict of Interest:**

I affirm the following:

* I have received a copy of the Balance of State Continuum of Care (MIBOSCOC) 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 MIBOSCOC? Yes  No 
   1. If yes, please describe it:

Click or tap here to enter text.

* 1. If yes, has the financial interest been disclosed previously, as provided in the Conflict of Interest policy? Yes  No

1. 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
2. Are you an independent member, as defined in the Conflict of Interest Policy? Yes  No 
   1. If you are not independent, why?

Click or tap here to enter text.

**Future Conflicts:**

I also agree, during the term of my membership with the MIBOSCOC Funding Committee, to report promptly to the Committee Chair and Coordinator 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 MIBOSCOC. \_\_\_\_\_\_\_\_ (initial)

**Questionnaire:**

Please list your business relationships or transactions with entities that the MIBOSCOC 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 MIBOSCOC CoC Program Funding (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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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This written disclosure statements will be provided to each Funding Committee member annually. Members will not be permitted to participate in a discussion or take action on any item until the statement is on file with the MIBOSCOC.

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.

Click or tap here to enter text. Click or tap here to enter text.

Council/Committee Member Acknowledgment Date