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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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