

Attachment: Harry Chapin Food Bank (HCFB) Conflict of Interest Form

To be completed by all HCFB Board Members, Senior Staff, and any other staff that have a potential conflict.

No member of the Board of Directors, or any of its Committees, shall derive any personal profit or gain, directly or indirectly, by reason of his or her participation with the HCFB. Each individual shall disclose to the organization any personal interest which he or she may have in any matter pending before the organization and shall refrain from participation in any decision on such matter.

Any member of the Board, any Committee, or Staff who is an officer, board member, a committee member, or staff member of a recipient agency or vendor of the HCFB shall identify his or her affiliation with such agency or agencies; further, in connection with any committee or board action specifically directed to that agency/vendor, s/he shall not participate in the decision affecting that agency/vendor and the decision must be made and/or ratified by the full board.

Any member of the Board, any Committee, Staff, and any volunteers or Consultants shall refrain from obtaining any list of clients or donors for personal or private solicitation purposes at any time during the term of their affiliation, nor shall they use any such information gained during their tenure at a later date. At this time, I am a board member, committee member, or an employee of the following organizations:

Now this is to certify that I, except as described below, am not now nor at any time during the past year have been:

- 1) A participant, directly or indirectly, in any arrangement, agreement, investment, or other activity with any vendor, supplier, or other party doing business with the HCFB which has resulted or could result in personal benefit to me.
- 2) A recipient, directly or indirectly, of any salary payments or loans or gifts of any kind or any free service or discounts or other fees from or on behalf of any person or organization engaged in any transaction with the HCFB.

Any exceptions to 1 or 2 above are stated below with a full description of the transactions and of the interest, whether direct or indirect, which I have (or have had during the past year) in the persons or organizations having transactions with the HCFB.

Signature:_____ Date:_____

Printed Name:_____