



CONFLICT OF INTEREST DISCLOSURE FORM

A conflict of interest or the appearance of conflict of interest occurs when an Executive Board Member or any member of any standing or special committee seeks to conduct or authorize any business with any entity in which he/she or any committee or sub-committee member holds any direct or indirect interest. If such a conflict should arise, the Board or committee member so involved shall immediately disclose that conflict to the Executive Board. The Board shall not authorize such business without first carefully examining the proposed agreement, how the Board or committee member would profit from the agreement and whether the agreement is in the best interest of the SCRCC. The Board must then unanimously approve any such business arrangement in advance. **Approved as Policy and noted in the minutes of the SCRCC Executive Board Meeting on 11 July 2017**

Date: _____

CONTACT INFO OF PERSON WITH A CONFLICT OF INTEREST:

First Name Last Name

Mailing Address

City State Zip Code

Title or Position of the Person with a Conflict of Interest: _____

This statement is submitted (Check One)

- a. _____ as a "single transaction" disclosure statement, as to my financial interest in a specific transaction, contract, or purchase.
- b. _____ as a "multiple transaction" disclosure statement, as to my financial interest in a specific transaction, contract, or purchase.
- c. _____ as a "reoccurring transaction" disclosure statement, as to my financial interest in a specific transaction, contract, or purchase. This could be annually, monthly, weekly, or daily.

NAME OF CONTRACTORS, VENDORS, OR BUSINESS IN WHICH THERE IS A CONFLICT OF INTEREST #1

Name

Mailing Address

City State Zip Code

DESCRIPTION OF THE RELATIONSHIP WITH THE CONFLICT OF INTEREST #1

DESCRIPTION OF THE FINANCIAL INTEREST CONFLICT OF INTEREST #1

NAME OF CONTRACTORS, VENDORS, OR BUSINESS IN WHICH THERE IS A CONFLICT OF INTEREST #2

Name

Mailing Address

City

State

Zip Code

DESCRIPTION OF THE RELATIONSHIP WITH THE CONFLICT OF INTEREST #2

DESCRIPTION OF THE FINANCIAL INTEREST CONFLICT OF INTEREST #2

SIGNATURE OF PERSON WITH A CONFLICT OF INTEREST

Printed Name

Signature

Date

BOARD RESPONSE

The Board must then unanimously approve any such business arrangement in advance.

_____ DENIED APPROVING THE CONFLICT OF INTEREST

_____ ACCEPTED THE CONFLICT OF INTEREST

Date of Board Response: _____

OF VOTES FOR THE CONFLICT OF INTEREST _____

OF VOTES AGAINST THE CONFLICT OF INTEREST _____

OF BOARD MEMBERS PRESENT AT THE MEETING _____