



BARSTOW COLLEGE FOUNDATION

CONFLICT OF INTEREST CERTIFICATION AND DISCLOSURE FORM

Name: _____

Position (e.g., Director/Employee/Volunteer/Trustee): _____

Date: _____

Certification

By signing this form below, I certify that:

1. I have received a copy of the organization's conflict of interest policy;
2. I have read and understand the policy;
3. I agree to comply with the policy; and
4. I understand that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities that accomplish one or more of its exempt purposes and not engage in activities and transactions that provide impermissible benefits to individuals or entities.

Conflict of Interest Disclosure

Please certify below that you either have no actual or possible conflict of interest to report, or describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to an actual or possible conflict of interest between the organization and your personal interests, financial or otherwise:

I have no conflict of interest to report.

I have the following actual or possible conflict(s) of interest to report:

1. Please specify below any actual transactions you are aware of between the organization and any entity or person with which you have a business, investment, or family relationship.

1. _____

2. _____

3. _____

4. _____

(Please attach a supplemental statement if you have additional actual or possible conflicts of interest to disclose.)

2. For the purposes of determining possible future conflicts of interest, please also specify other nonprofit and for-profit boards on which you and/or your spouse sit, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member *own*).

1. _____

2. _____

3. _____

(Please attach a supplemental statement if you have additional actual or possible conflicts of interest to disclose.)

Number of pages attached: _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: _____ Date: _____