

**CONFLICT OF INTEREST QUESTIONNAIRE/DISCLOSURE**

*To be completed annually and submitted to HR with performance review,
if you need additional space please use the back of the form.*

All Center For Family Services staff should avoid any situation where either a conflict of interest, or an appearance of a conflict of interest, may arise. Such situations include any instance where a staff member or related party, has any financial interest in any transaction that Center For Family Services is involved with. Further, no staff member, or a related party, may accept any financial benefit from any party who is doing business with Center For Family Services, without the expressed knowledge of Center For Family Services.

Related party is defined as members of the immediate family or other close friend or relative of the staff person.

**Please explain any “Yes” answers. Please Check: Yes ( ) No ( )**

**1.** Other than your compensation from Center For Family Services, have you, or a related party of yours, had any direct or indirect financial or other interest in any transaction with which Center For Family Services was involved? This includes any transactions for goods (materials, equipment, supplies, etc.) or services (banking, insurance, legal, construction, etc.) provided to Center For Family Services, or the awards of any Agreement, Contract, and/or Purchase Order.

 **Yes ( ) No ( ) Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2.** Are you, or a related party of yours, engaged (as an employee, consultant, or Board Member) in any business which acts as a competitor to Center For Family Services?

**Yes ( ) No ( ) Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.** Are you, or any related party of yours, involved in any legal or other cause of action, or any other potential liability to which Center For Family Services is, or may be, involved?

 **Yes ( ) No ( ) Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4.** Is a close personal friend or family member employed by Center For Family Services?

**Yes ( ) No ( ) Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note: Should there be a change in the status of the above questions, or should there be any questions as to whether or not there is a conflict or an appearance of conflict of interest, immediate written notification with a detailed description of the situation should be forwarded to your Associate Vice President and/or President/CEO.**

**Response: My answers to the above questions are correctly stated to the best of my knowledge and belief.**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_**

(Full Printed Name)