

Conflict of Interest Disclosure Form

24 CFR 578. 95 (b) Continuum of Care board members. No Continuum of Care board member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents.

Leadership Team members fill this form once per year; Coordinator keeps current year forms on file.

Name:	
Current Employer or Business Affiliation:	
Position:	
Other Activities: Please include all employment, business, or financial interest which you or a member of your immediate family may have as an officer, or agent which might give a rise to a possible conflict of interest with the Glendale Continuum of Care.	
Charitable or Civic Involvement: Please list all official positions which you or any member of immediate family may have as a director, trustee, or officer of any charitable, civic, or community organization as well as any unofficial roles such as significant donor, volunteer, advocate, or advisor which might give rise to a possible conflict of interest with the Glendale Continuum of Care.	

If at any time there is a matter under consideration that may constitute a direct or indirect conflict of interest not listed on this form, it is your obligation to disclose the facts to the Leadership Team.

I do hereby affirm that I have received and read the policy and I will adhere to the document's spirit, principles, and practices.

 Date

 Signature