

CONFLICT OF INTEREST DISCLOSURE FORM

Fiscal Year 2018-19

To be completed by Officers, Directors and Director-Level Employees

Name: _____

Position: _____

The purpose of this Disclosure Form is to disclose where you or your Family Members have certain affiliations, interests or relationships, and/or have taken part in transactions that, in light of your relationship to the Carver Center, might possibly give rise to an actual, apparent or potential conflict of interest. Please note that "Family Member" is defined broadly to include your or your spouse's brother, sister, parent, grandparent, child, grandchild or great grandchild (by whole or half-blood), or their spouses.

In responding to these questions, please keep in mind that it is not uncommon to have the interests described below, and a "yes" answer does not imply that the relationship or transaction is necessarily inappropriate. It is, however, important to make these interests known to the Carver Center.

1. Are you or any Family Member an officer, director, trustee, shareholder or principal of any entity that does or may do business with, or that competes with, the Carver Center?

Yes _____ No _____

If the answer is "yes" please list the names of each such entity, you or your Family Member's affiliation with the entity, and if relevant the approximate dollar amount of business of the entity involved with Carver Center in the past year:

2. Do you or any Family Member have a financial interest in, or receive any remuneration or income (including compensation for employment or independent contractor services, consulting fees, board stipends or fees, advisory committee fees, etc.) from, any entity that does or may do business with, or competes with, the Carver Center? (Note that shareholdings in publicly traded companies need not be disclosed unless you or your Family Members hold a controlling interest.)

Yes _____ No _____

If the answer is "yes", please supply the name of each entity in which an interest is held or from which remuneration/income is received, the person(s) who holds such interest or receives such remuneration/income and the nature and amount of each such interest or remuneration/income:

3. Have you or any Family Member received gifts of more than \$100 in value, including any entertainment, benefits, discounts or services, from any customer or supplier who

does or may do business with the Carver Center, or from any other entity with which Carver Center has a significant business relationship?

Yes _____ No _____

If the answer is "yes", list each such item as follows:

<u>Name of Source</u>	<u>Item</u>	<u>Approximate</u>
<u>Value</u>		

4. Have you or any Family Member received any loans, advances or other borrowing from, or have any indebtedness to, any customer or supplier who does or may do business with the Carver Center, or from any other entity with which Carver Center has a significant business relationship? (You may exclude credit cards, charge cards, and personal or mortgage loans at market rates at financial institutions such as banks, finance companies, insurance companies and savings and loan associations.)

Yes _____ No _____

If the answer is "yes", list each such item as follows:

<u>Name of Source</u>	<u>Item</u>	<u>Approximate</u>
<u>Value</u>		

5. Do you or any Family Member compete directly or indirectly with the Carver Center in the purchase or sale of property rights, interests or services, or provide directive, managerial, consultative or other services to or on behalf of any other entity, whether or not for compensation, that does or may do business with or that competes with, the services of the Carver Center?

Yes _____ No _____

If "yes", please describe:

6. Do you or any Family Member hold an elected or appointed office or other position of public responsibility that serves residents in the Carver Center's service area?

Yes _____ No _____

If "yes", please describe:

7. In the space below, please disclose any other interest, activities, investments or involvement that you think might be relevant for full disclosure of all actual, apparent or possible conflicts of interest. If none, indicate "none." (Use additional pages as necessary.)
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I certify that the foregoing information is true and complete to the best of my knowledge, and should any of my responses to this questionnaire change at any time, I will promptly notify the Executive Director or Chairperson of the Governance Committee of the Board of Directors of Carver Center.

Signed: _____ Date: _____

Print Name: _____