

Detroit Continuum of Care Annual Conflict of Interest Statement and Questionnaire

Name: _____

Organization: _____

Voting Status: Voting Member Non-Voting Member

Committee(s) Serving On: Data Committee

CAM Governance Committee

Housing Resource Committee

Performance Evaluation Committee

Development and Communications Committee

Ad hoc committee _____

Board Position (if applicable): _____

Conflict of Interest:

I affirm the following:

- I have received a copy of the Continuum of Care (CoC) Conflict of Interest Policy. _____ (initial)
- I have read and understand the policy. _____ (initial)
- I agree to comply with the policy. _____ (initial)

Disclosures:

1. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with the CoC? Yes No
 - a. If yes, please describe it:

 - b. If yes, has the financial interest been disclosed previously, as provided in the Conflict of Interest policy? Yes No
2. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with the CoC? Yes No
3. Are you an independent member, as defined in the Conflict of Interest Policy? Yes No

a. If you are not independent, why?

Future Conflicts:

I also agree, during the term of my membership with the CoC, to report promptly to the CoC Board Chair and/or Secretary any **future** situation that involves me or might appear to involve me in any conflict between my outside interests and the best interests of the CoC. _____ (initial)

Questionnaire:

Please list your affiliations with businesses or corporations that the CoC is currently in a relationship or transaction with which may be considered a conflict of interest. For instance, affiliations with entities receiving funding through the CoC (recipient or sub-recipient) or Emergency Solutions Grant program sub-recipients should be listed.

BUSINESS/ORGANIZATION	NATURE OF RELATIONSHIP (i.e. officer, owner, employee, agent, board member)	TERM

Annual written disclosure statements will be provided to each voting member by the first Tuesday in January. Voting Members will not be permitted to participate in a discussion or a vote until the statement is on file with the CoC Lead Agency. Persons may also complete an Annual Statement at the time they assume his or her position as a member of the Detroit CoC.

By signing this Annual Statement I agree that the information provided is accurate, to the best of my knowledge. If any changes to this information arise, I will complete a new Annual Statement form.

Signature of CoC Member

Date

Date of Review by Board: _____