



Conflict of Interest Policy

Annual Affirmation of Compliance and Disclosure Statement

I have received and carefully read the Conflict of Interest Policy for board members, staff members, and consultants of the Oregon Family Support Network (OFSN) and have considered not only the literal expression of the policy but also its intent. By signing this affirmation, I hereby state that I understand and agree to comply with the Conflict of Interest Policy. I further state that I understand that OFSN is a private, nonprofit 501(c)(3) organization and that, in order to maintain its federal tax-exempt status, it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.

Except as otherwise indicated in the Disclosure Statement and attachments below, I hereby state that I do not, to the best of my knowledge, have any conflict of interest that may be seen as competing with the interests of OFSN, nor does any relative or business associate have such an actual or potential conflict of interest.

If any situation should arise in the future that I believe may involve me in a conflict of interest, I will promptly and fully disclose the circumstances to the President of the Board of Directors of OFSN or to the Executive Director, as applicable.

I further certify that the information set forth in the Disclosure Statement and attachments, if any, is true and correct to the best of my knowledge, information, and belief.

Please indicate your role

BOARD MEMBER

STAFF MEMBER

CONSULTANT

NAME _____

SIGNATURE _____ **DATE** _____