



## Conflict of Interest Disclosure Statement for BCHCoC Council, Committee Members and General Members

*Your Name:*

*Date:*

*Annual or Other Disclosure (Circle One)*

**Reason for Policy.** Conflicts of Interest may raise governance, tax and regulatory issues for the Butte Countywide Homeless Continuum of Care (BCHCoC). They also raise concerns in the mind of the public and members of the media, potentially undermining a CoC reputation and good standing. For these reasons, CoC Council or Committee Members should avoid Conflicts of Interest, disclose ethical, legal, financial and other such conflicts, and remove themselves from deliberations and decision-making on matters in which they have a Conflict of Interest.

**Reason for this Statement.** The BCHCoC is committed to the highest ethical standards in how a CoC conducts its business and operations. Completing this statement helps the Council and management identify and evaluate situations and relationships that could be problematic for a CoC, including ones that could jeopardize its tax-exempt status or ability to obtain grants or other funding.

**Completing this Statement.** Each Council and Committee Member is required to complete and sign this statement annually and update it at such times as they become aware of actual or potential Conflicts of Interest. This statement should take no more than 10 to 15 minutes for most Council and Committee Members to complete. It asks intentionally broad questions, with the hope of identifying all relevant actual or potential Conflicts of Interest.

**Defined Terms Used in this Statement.** Capitalized terms used in this statement are defined in the Conflict of Interest Policy for CoC Council and Committee Members. Identifying a conflict or relationship does not necessarily mean there is a problem. In some instances, you may need to reveal a conflict or relationship when responding to a question.

This does not necessarily mean that you have done something improper or violated the Conflict of Interest Policy for CoC members. By identifying conflicts and relationships, you permit the CoC and the CoC management to make an informed judgment, further permitting them to address issues through appropriate action or safeguards. Being forthright now is the best approach.

If you have questions about the Conflict of Interest Policy for Council and Committee Members or this Statement, ask the Council or Committee Chair or email CoC Coordinator.

***Your Name:***

***Date:***

***Annual or Other Disclosure (Circle One)***

Please base your answers to the questions below on facts that exist now or that have arisen since you last completed this form.

Do any of your Immediate Family Members serve as a CoC Council Member or employee? **Yes No (circle one)**

If yes, please identify the individual, his or her position and your relationship to him or her:

To the best of your knowledge, are you or any of your Related Parties currently engaged in any Transactions with a CoC Council/Committee Member or employee or the CoC itself? For this purpose, a Transaction does not include a transaction between an attorney and client, or a medical professional (including psychologist) and patient. **Yes No (circle one)**

If yes, please identify the individuals or entities involved and the Transactions in which they are involved:

To the best of your knowledge, are you, any other Council/Committee Members, or any Immediate Family Members of Council/Committee Members (including your own Immediate Family Members) engaged in or considering engaging in a Transaction with the CoC (including providing professional or consulting services to CoC)? **Yes No (circle one)**

If yes, please identify the individuals or entities involved and the Transactions in which they are involved:

*Your Name:*

*Date:*

***Annual or Other Disclosure (Circle One)***

To the best of your knowledge, are you, any other Council/Committee Members, or any Immediate Family Members of Council/Committee Members (including your own Immediate Family Members) Closely Associated with any entity that is engaged in or considering engaging in a Transaction with CoC? **Yes No (circle one)**

If yes, please identify the Council/Committee Member and/or Immediate Family Member, the entity and the Compensation Arrangement or Ownership Interest, and describe the Transaction:

To the best of your knowledge, have you or any other Council/Committee Members solicited or accepted gifts, gratuities, favors, or anything of monetary value (other than token gifts of low-cost promotional items, such as pens, note pads, caps, calendars, and coffee mugs) from: (a) persons receiving benefits or services under any CoC program; (b) persons or organizations performing services for or providing goods or space to CoC; or (c) persons who are otherwise in a position to benefit from the actions of a CoC employee, officer, or Council Member? **Yes No (circle one)**

If yes, please identify the Council/Committee Member, the item that was solicited or accepted, and the person or entity from whom the item was solicited or accepted:

To the best of your knowledge, have you or any other Council/Committee Members participated in the selection or award of a contract supported by state or federal funds if a real or apparent conflict of interest was involved? Such a conflict would arise when the Council/Committee Member, any of their Immediate Family Members, their partner, or an organization which employs or is about to employ any of these parties, is or has a financial or other interest in the individual or firm selected for the award. **Yes No (circle one)**

If yes, please identify the Council/Committee Member, the contract and the conflict of interest:

*Your Name:*

*Date:*

***Annual or Other Disclosure (Circle One)***

To the best of your knowledge, have you, any other Council/Committee Members or Council Members' Related Parties (including your own Related Parties) used CoC equipment, facilities, assets, or staff time for non-CoC purposes? **Yes No (circle one)**

If yes, please identify the Council/Committee Member or Related Party, the CoC equipment, facilities, assets or staff used, and the purpose for which it was used:

To the best of your knowledge, are you aware of any other Conflicts of Interest not already disclosed above? A Conflict of Interest is a situation in which a Council/Committee Member or their Immediate Family Member has, directly him- or herself or indirectly through another individual or entity, a personal or financial interest that compromises or could compromise the Council/Committee Member's independence of judgment in exercising their responsibilities to the CoC. **Yes No (circle one)**

If yes, please identify the Council/Committee Members and any other parties involved and Describe the situation:

By signing this form, I certify that:

I have received a copy of the Conflict of Interest Policy for CoC Council and Committee Members, that I have read and understand it; and I agree to abide by it; and to the best of my knowledge, my responses on this statement are accurate, true and complete.

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_