

CONFLICT OF INTEREST POLICY ACKNOWLEDGEMENT FORM

I hereby acknowledge and agree:

1. That I have received and read a copy of the Conflict of Interest Policy and agree to abide by this policy.
2. That I will comply with the rules and regulations outlined in this policy.
3. That I understand this Organization is charitable and in order to maintain its federal exemption, it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.

Name (printed)

Signature

Date