



CONFLICT OF INTEREST DISCLOSURE FORM

This form must be filed annually by all specified parties, as identified in the Nonprofit Risk Management Center's Conflict of Interest Policy.

I have no conflict of interest to report

I have the following actual or potential conflicts of interest to report:

I or an immediate family member is an Officer, Trustee, Director, or majority shareholder in the following organization(s) which are involved in business transactions, or seeking to do business with, the Nonprofit Risk Management Center:

I or an immediate family member is an Officer, Trustee, or Director with the following nonprofit organization(s) which has/have purposes substantially related to the Nonprofit Risk Management Center:

I or an immediate family member have/has the following business/family relationships with other Nonprofit Risk Management Center board members or staff:

My organization is an Affiliate Member or corporate partner of the Nonprofit Risk Management Center. (If yes, please indicate the organization or company name below.)

I have the following other actual or potential conflict of interest:

The undersigned, by their affixed signature, notes their understanding of the COI Policy.

Name _____

Signature _____

Date _____