



Illinois Prairie Community Foundation
Conflict of Interest Disclosure and Promise of Confidentiality Statement

Name: _____

Address: _____

Phone Number: _____ Email: _____

Occupation/Position: _____

Name of Employer: _____

(Or other principal business affiliation)

1. Other Business or Avocational Interests

Please disclose any other employment or financial interest which you or a member of your family may have or have had in the past three years as either an officer, director, trustee, partner, employee or agent of any business organization, which might give rise to a possible conflict of interest or duality of interest with the Illinois Prairie Community Foundation. (Continue on back of form, if necessary.)

Three horizontal lines for text entry.

2. Charitable or Civic Involvement

Please disclose all official positions which you or any member of your family may have as a director, trustee of officer of any charitable, civic or community organization as well as any unofficial roles such as significant donor, volunteer, advocate or advisor which might give rise to a possible conflict of interest or duality of interest with the Illinois Prairie Community Foundation. (Continue on back of form, if necessary.)

Three horizontal lines for text entry.

By my signature below, I affirm that the above disclosures are accurate and complete, and that I

- a. have received a copy of the Conflict of Interest and Confidentiality Policy, have read, understand and accept the policy,
b. have agreed to comply with the policy,
c. understand that the Community Foundation is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes, and
d. agree to maintain confidentiality of the board's and/or committee's sessions, of donor information and of any other confidential information about the organization, and to hold in confidence any information gleaned and any discussions held during Community Foundation meetings.

(Signature)

Date: _____

(Print Name)

Re-affirmation – by dating and initialing below, I re-affirm that the above disclosures are current and accurate. If they have changed, I will request and complete a new Conflict of Interest and Promise of Confidentiality Statement.

_____ ; _____ ; _____ ; _____ ; _____ ; _____ ; _____ ; _____ ;

_____ ; _____ ; _____ ; _____ ; _____ ; _____ ; _____ ; _____ ;