



CONFLICT OF INTEREST RESOLUTION (COIR)

A conflict of interest exists when the personal or professional interests of a board of director, affiliate board of director, committee member, or staff member of the Central Kansas Community Foundation affects his or her ability to be objective. As board, committee, or staff members are likely to be affiliated with many organizations in their communities, both on a professional and a personal basis, it is not unusual for actual or potential conflict of interests to arise.

It is expected that no board, committee, or staff member shall use his or her position, or knowledge gained therefrom, in such a manner that a conflict arises between the interest of the Foundation and his or her personal or professional interests. Each board and committee member, as well as staff, has the duty to place the interests of the Foundation foremost in dealings on behalf of the organization, and has a continuing responsibility to comply with this policy.

In order to comply with this policy, it is expected that:

- If a board, committee, or staff member has an interest in a proposed transaction with the Foundation in the form of a significant personal or organizational financial interest in the transaction or holds a position as director, director, officer, or staff member in such organization, he or she must make full disclosure of such interest before any discussion or negotiation of such transaction.
- Any board member who has a potential conflict of interest with respect to any matter coming before the board shall not participate in any discussion of or vote in connection with the matter unless invited to respond to questions or provide factual information by the board chair.
- Any board or staff member who gains privileged information by virtue of his or her role as a board or staff member shall not use that privileged information for personal or professional gain. This information is to be considered confidential.
- Committee members are also to reveal if they are aware of a potential conflict of interest, he/she must make it known to the other committee members, and remove him/herself from all relevant discussions (examples may include extended family member, on board for another charity, have financial relationship with related entity).
- Committee members must make independent decisions on behalf of the grant selection processes without bias or influence by any conflict of interest. Specially, no committee member may participate in the application review of a relative (son, daughter, niece, nephew, stepchild, grandchild), or any person for whom that member cannot be objective unless arrangements for a non-majority family member participation has been approved.

This policy shall be distributed to all new board of directors, affiliate board of directors, committee, and staff members, and then completed on an annual basis. A signature in the designated space at the bottom of this policy will indicate the board, committee, or staff member agrees to abide by this policy to the best of his or her ability.

See second page

I have read the COIR statement of policy regarding conflict of interest and agree to abide by this policy to the best of my ability in my role as a board, committee, or staff member.

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Please provide the following information:

Name: _____

Spouse Name: _____

Home Address: _____

City, State, Zip: _____

Work Address: _____

City, State, Zip: _____

Home phone: _____

Cell phone: _____

Work number: _____

Preferred Email address: _____

Date of Birth (month/day):

Please list your place of current employment (or last, if retired):

Please list any boards and committees of charities, businesses or other organizations on which you currently serve: (If more, please provide on additional page)

- 1.
- 2.
- 3.

Please name any organization in which you or your immediate family have beneficial ownership or control that does business with Central Kansas Community Foundation, including affiliates. In this context, immediate family includes spouse, parents, grandparents, children, grandchildren and in-laws of these.

- 1.
- 2.
- 3.

Signature: _____ *Date:* _____

Please check at least one category below:

Central Kansas Community Foundation Board of Directors or Staff _____ (check here if applicable)

Affiliate Advisory Board of Directors _____ (check here if applicable)

Affiliate Foundation Name _____

Committee(s) Participate _____ (check here if applicable)

Name of Committee(s) _____

Disclosure of Affiliations

CKCF Board of Directors, Affiliate Board of Directors, Committee Members, and Staff Members