

Abilities United

CONFLICT OF INTEREST POLICY

Revised March 27, 2014

No member of the Abilities United Board of Directors, or any of its Committees, shall derive any personal profit or gain, directly or indirectly, by reason of his or her participation with Abilities United. Each individual shall disclose to the organization any personal interest that he or she may have in any matter pending before the organization and shall refrain from participation in any decision on such matter.

Any member of the Abilities United Board, any Committee, or staff who is an officer, board member, a committee member, or staff member of a client organization or vendor of Abilities United shall identify his or her affiliation with such agency, or agencies; further, in connection with any committee or board action specifically directed to that agency, s/he shall not participate in the decision affecting that agency and the decision must be made and/or ratified by the full Board.

Any member of the Abilities United Board, any committee, staff and certain consultants shall refrain from obtaining or using any list of clients for personal or private solicitation purposes at any time during the term of their affiliation.

At this time, I am a Board member, committee member, or an employee of the following organizations:

I certify that I have read and understand the above conflict of interest policy, and agree to abide by its terms. I further certify that I, except as described below, am not now nor at any time during the past year have been:

1. A participant, directly or indirectly, in any arrangement, agreement, investment, or other activity with any vendor, supplier, or other party doing business with Abilities United which has resulted or could result in personal benefit to me.
2. A recipient, directly or indirectly, of any salary payments or loans or gifts of any kind or any free service or discounts or other fees from or on behalf of any person or organization engaged in any transaction with Abilities United.

Any exceptions to 1 or 2 above are stated below with a full description of the transaction and of the interest, whether direct or indirect, which I have (or have had during the past year) in the persons or organizations having transactions with Abilities United.

NONE [PLEASE CHECK HERE IF THERE ARE NO SUCH EXCEPTIONS]

I also agree to notify the President of the Board of Directors if a conflict should arise after my signing this document.

Date: _____ Signature _____

Print name _____



525 East Charleston Road
Palo Alto, CA 94306
650-494-0550
FX 650-855-9710