**THE CORPORATION**

**CONFLICT OF INTEREST POLICY ACKNOWLEDGEMENT**

Pursuant to Article VII, 1 of **The CORPORATION** Conflict of Interest Policy, I, , (director, officer or committee member name) hereby acknowledge receipt of that Policy and acknowledge that I understand its provisions and agree to abide by its terms as long as I hold the position(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (title). I also hereby acknowledge that I understand that **The CORPORATION** is a charitable foundation and, in order to maintain its federal and state tax exemptions, it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.

I hereby disclose information on all associations (all business and charitable

organizations), which may involve a possible conflict of interest and will furnish further details upon request. (If none, so state. Do not leave blank.) Feel free to attach additional sheets, if needed.

I, , (director, officer or committee member name) hereby certify that the information set forth above is true and complete to the best of my knowledge. I also understand that Iam required to disclose any other situation from which a possible conflict of interest might arise in the future.

Date Signature

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