



GetNonprofitStatus.com

Non-profit organizations have some latitude in creating this policy. We believe that this version, modified to suit, will work to get started. Start simple - it's easy to amend as you grow. For the fine print about how we're not attorneys and cannot give legal advice, please see [www.GetNonProfitStatus.com/disclaimer](http://www.GetNonProfitStatus.com/disclaimer).

## Director and Officer Annual Conflict of Interest (COI) Statement for [ORGANIZATION NAME]

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_

### 2. Position:

Are you a voting member of the Board of Directors? Yes \_\_\_ No \_\_\_

Are you an Officer? Yes \_\_\_ No \_\_\_

If Yes, which Officer position do you hold: \_\_\_\_\_

### 3. By initialing below, I affirm the following:

I have received a copy of the organization's COI Policy. \_\_\_\_\_ (initial)

I have read and understand the policy. \_\_\_\_\_ (initial)

I agree to comply with the policy. \_\_\_\_\_ (initial)

I understand that in order for this organization to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes. \_\_\_\_\_ (initial)

### 4. Disclosures:

a. Do you have a financial interest (current or pending), including a compensation arrangement, as defined in this organization's COI policy? Yes \_\_\_ No \_\_\_

i. If yes, please describe it: \_\_\_\_\_

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes \_\_\_ No \_\_\_

b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with MNA? Yes \_\_\_ No \_\_\_

i. If yes, please describe it, including when (approx.): \_\_\_\_\_

i. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes \_\_\_ No \_\_\_

### 5. Are you an independent director as defined in the COI policy? Yes \_\_\_ No \_\_\_

a. If you are not independent, why? \_\_\_\_\_

\_\_\_\_\_  
Signature of Director Date: \_\_\_\_\_

Date of Review by Board (or Responsible Committee): \_\_\_\_\_