



Conflict of Interest Disclosure Form

Name: _____

KHC Position: _____

Executive Committee Committee Chair Committee Member Volunteer Vendor

The purpose of the conflict of interest policy is to ensure there are no conflicts voting on any transactions or arrangements that could benefit the interest of any members of the KHC. This policy is intended to supplement but not replace applicable state and federal laws governing conflict of interests applicable to nonprofit and charitable organizations.

_____ I have no potential conflict of interest to report

- _____ I have a financial interest, directly or indirectly, through business, investment, or family:
- a. An ownership or investment interest in an entity with which the KHC has a transaction or arrangement,
 - b. A compensation arrangement with the organization or with an entity or individual with which the KHC has a transaction or arrangement, or
 - c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the KHC is negotiating a transaction or arrangement.

Note: A financial interest is not necessarily a conflict of interest.

After disclosing a financial interest, the KHC board will have the member leave to determine if a conflict of interest exists.

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by, the Kentuckiana Health Collaborative Conflict of Interest Policy.

Signature: _____

Date: _____