

FAMILY PARTNERDHIIPS OF CENTRAL FLORIDA

CONFLICT OF INTEREST DISCLOSURE

FAMILY PARTNERSHIPS OF CENTRAL FLORIDA FAMILY OF AGENCIES (FPoCF FOA) BOARD MEMBERS, OFFICERS, EMPLOYEES, CONSULTANTS AND VOLUNTEERS OF FAMILY PARTNERSHIPS OF CENTRAL FLORIDA THE NATIONAL CENTER FOR INNOVATION AND EXCELLENCE, and THE BREVARD FAMILY PARTNERSHIP FOUNDATION

Name: _____
(PRINT)

FPoCF Policy GOV. 002 requires that each FPoCF FOA board member, officer, employee, consultant, and volunteer provide an initial Conflict of Interest Disclosure of potential conflicts of interest in serving as a FPoCF FOA board member, officer, employee, consultant, or volunteer. FPoCF FOA Board Members will complete this Conflict-of-Interest Disclosure form annually.

I acknowledge that I have read and understand FPoCF's Conflict of Interest Policy, GOV 002

_____ I am in compliance with the policy.

_____ I am reporting the following potential conflicts (including any financial business relationship between board members or system of care service providers).

_____ I am reporting other organizations of which I am a Board Member, Officer, employee, consultant, or volunteer.

I understand that I am expected to report promptly any changes in my affiliations or business relationships that might affect compliance with this policy. I also understand that I could be held personally liable for failure to disclose a conflict of interest in which an improper personal benefit is derived, or which violates the law.

Signature: _____

Date: _____

Disclosures required above are as follows:

Revised April 16, 2024