

# CONFLICT OF INTEREST AGREEMENT

## COMMUNITY DEVELOPMENT CENTER

### Conflict of Interest Form

This form Refers to and supports the attached  
Policy on Conflicts of Interest and Disclosure of Certain Interest

Name= \_\_\_\_\_

Date: \_\_\_\_\_

I. Please describe below any relationship, positions, or circumstances in which you are involved that you may believe could contribute to a Conflict of Interest (as defined in the Community Development Center's Policy on Conflicts of Interest) arising.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

II. Business and professional activities in which you or an immediate family member hold an owner, officer, board member, partner, employee or other beneficiary position.

Organization Name

Position Held

By Whom

\_\_\_\_\_  
\_\_\_\_\_

I agree that if any situations arise, of which I am aware, that in any way contradict the statement below. I will immediately notify the Secretary of the Board of Directors of any conflict, real or potential, and make full disclosure thereof. I agree to answer any questions the Board may have with respect to any actual or potential conflict of interest, but I understand that all such information will be held in confidence by the members of the Board, unless the best interest of the Community Development Center dictates otherwise and a majority of the members of the Board of Directors votes in favor of further disclosure.

#### Policy

If no exceptions, please check

I. Financial Interests

No exceptions **D**

Describe exceptions, if any \_\_\_\_\_

2. Privileged Information

No exceptions **D**

Describe exceptions, if any \_\_\_\_\_

3. Dealing

No exceptions **D**

Describe exceptions, if any \_\_\_\_\_

Affirmation: I have read the document entitled Policy on Conflicts of Interest for Directors and Officers adopted by the Board of Directors. I hereby certify that the information set forth is true and complete to the best of my knowledge. I have reviewed, and agree to abide by, the Policy of Conflict of Interest of The Community Development Center that is currently in effect.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you are not attending the Governing Board meeting 10/26/06, please mail both pages back to The Community Development Center.

Mail To:

Community Development Center

ATTN: Business Office

113Eaglette Way

Shelbyville, TN 37160