

## Annual Conflict of Interest Statement and Disclosure Form

The Chestnut Hill Community Association's Conflict of Interest Policy ("Policy") provides that every director, officer, employee and member of a committee is required to read the Policy. In addition, the CHCA directors, officers, standing committee members, executive director, and any other staff member or committee member in a position to influence a contract or purchase order for the Association, is also required to disclose annually in writing any potential or actual conflicts of interest as defined in the Policy by completing and signing this disclosure form. The completed and signed form is to be filed with the CHCA Executive Director at least 15 days before the annual meeting of the Association and updated as appropriate thereafter. If updates are needed, this form can be used at any time to supplement any disclosures. A copy of the Policy is available on the Association's website [*insert hyperlink*].

- 1) I acknowledge that I have been provided with access to the Association's Policy.
- 2) I have read, understand, accept and agree to comply with its requirements.
- 3) I am a director, officer, employee and/or committee member of the Association.
- 4) I understand that I have the obligation under the Policy to disclose any potential or actual conflict of interest as defined in the Association's Policy.

### DISCLOSURES

- 5) In accordance with the Policy, I make the following disclosures for CHCA fiscal year 2022-23.
  - a) Are you a paid or unpaid, director, officer, trustee, partner (general or limited), employee or regularly retained consultant of any business, non-profit organization, association or other entity that currently has regular business with the Association or that you know has or may have a matter that will come before the Board or a committee of the Board for consideration in this fiscal year ("conflicting interest"). Such conflicting interests include service on other boards, legal relationships, using a straw party or trustee to act on one's behalf or any other connection that a reasonable person might find material to your decision-making?  
  
 YES  
  
 NO
  - b) If yes, please describe the conflicting interest(s) and the interest(s) or position(s) held:
  
- 6) The Policy also requires a Board member, an officer, certain employees and committee members of the Association to disclose on this form any indirect conflicting interest that such person may have based on a personal or business relationship that he or she may have. The Policy defines an indirect interest as a relationship with or interest of a close family or household member, business partner or associate in businesses, non-profits, or other entities that have dealings with the Association or that may be directly affected by its actions. A close family member is defined as a spouse, child, parent, step-parent, grandparent, sibling, niece, nephew, in-law, or spouse or significant other of a close family member.

a) Do you have any conflict of interest through any indirect relationships to report?

YES

NO

b) If yes, please list the names of such persons, their companies, firms, nonprofit organizations or associations with whom they are associated, and the interest or position they hold in such entity:

By signing below, I certify and affirm that, to the best of my knowledge, the information in this Disclosure Form is complete, true, and accurate, and contains no material misstatement, misrepresentations or omissions. In addition, I acknowledge that it is my responsibility to provide updated information to the President of the CHCA and the Executive Director if additional disclosures become necessary during the calendar year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
CHCA Position(s)  
(Director, Officer, Employee and/or Committee Member)