Partners Ending Homeless

Rank and Review Committee

Conflict of Interest and Related Party Disclosure Form

I have read, understand and agree to comply with the Partners Ending Homelessness Code of Conduct.

Initials: _____

Please initial in the space at the end of Item A or complete Item B, whichever is appropriate, complete the balance of the form, and sign and date.

A. Neither I nor any of my relatives, as that term is defined in the Code of Conduct, has any relationship or interest (financial or otherwise) that might result in, or give the appearance of being, a conflict of interest or a related party transaction as those terms are defined in the Code of Conduct.

Initials: _____

B. The following are relationships or interests (financial or otherwise) that might result in or appear to be an actual, apparent, or potential conflict of interest or related party transaction involving either me or one of my relatives. Please identify which of you or your relatives has the relationship or interest.

Corporate (nonprofit and for-profit) directorships, positions, and employment, including organizations that receive funding from or through Partners Ending Homelessness:

Contracts, business activities, and investments with or in organizations that receive funding from or through Partners Endling Homelessness:

Other relationships and activities:

I will promptly inform the Board Chair of Partners Ending Homelessness of any material change in the information contained in the foregoing statement, and of any actual or potential conflict of interest or related party transaction that may arise after submission of this statement.

Type/Print Name	Signature	Date