



New Board Member Conflict of Interest Disclosure Statement

Must be completed and returned one week in advance of any Board vote for Membership.

I _____, understand prior to being elected to the Hometown Health Centers (HHC) Board of Directors must complete a Conflict of Interest Disclosure Statement. It also will be asked of me annually. I understand it is my affirmative duty to disclose any potential conflicts at this time, anytime they arise, and at the time of the annual Statement.

Conflicts *may occur* when a person affiliated with HHC benefits directly or indirectly from Board service. A benefit need not be detrimental to HHC to be a conflict of interest while serving on its Board.

Specific examples of conflicts include, but are not limited to:

- Any direct or indirect involvement of litigation against HHC.
- Employer seeking to provide goods or services.
- Serving on a board of another organization that does or could compete with HHC.
- An immediate family member or person of close relations who serves on the board of an organization or works for one whose mission is contrary to HHC.
- A financial interest by a HHC Board Member, his family, or any business entity currently affiliated with him or her doing or wanting to do business with HHC. This could include, but not be limited to, rental agreement, financial services, investment interest, contracted services with HHC, or referring business acquaintances to Hometown that could be perceived as a quid pro quo.
- Using staff expertise to help with a business opportunity that directly or indirectly benefits you or your family.

- Receipt of gifts like meals, gift cards, or tickets to a concert or sports event, regardless of value, that could be perceived as an attempt to influence a Board Member in his or her HHC capacity. Accepting gifts worth more than nominal value such as a marketing pen or key chain, are generally prohibited.

Please Answer the Following:

1. Identify all businesses or organizations, including non-profits, where you or family members work or serve in a fiduciary role (e.g. officer, director, committee member, elected or appointed official), *if the organization's interests* may compete or otherwise be in conflict with the values, mission or interests of HHC. *If none exist type or write N/A (Not Applicable).*

2. Identify (please specify how) the individual(s) with whom you may be related, done business with, been contracted by, with whom you hold an investment interest, or that have been referred to HHC where a possible conflict could have arisen (*If unaware or not affiliated or related to anyone type or write N/A*).

3. Please list any personal or business interests, activities, or relationships involving you, another employee, or family member that could compromise, or appear to compromise, your duty, loyalty, or objectivity during your Board Membership or affiliation with HHC. (*If none exist type or write N/A*).

4. Are you barred, excluded, under investigation, or otherwise ineligible to participate in a State or Federal government program like Medicaid? *If Yes, please explain in detail using additional sheets, if necessary.*

5. Have you ever been sanctioned for or convicted of a criminal offense regarding the provision of healthcare services? *If Yes, please explain in detail using additional sheets, if necessary, including but not limited to any mandatory reporting list you may be on.*

6. Have you ever been convicted of a criminal offense or investigated for endangering the welfare of a child? *If Yes, please explain in detail using additional sheets, if necessary.*

I _____ (Print Name) affirm that I have fully and honestly answered this Statement, and have disclosed all or do not have any *actual, potential, or perceived* conflicts. I understand it is my responsibility to keep the CEO, Board Chair, Board Secretary, *and* Ethics and Compliance Officer apprised of any actual, potential, or perceived conflicts that may arise at any time during my affiliation with HHC. I shall fully cooperate with the Ethics and Compliance Officer in the event of any review or investigation.

I understand HHC is a tax-exempt organization and to maintain this Federal status it must engage primarily in charitable activities for tax-exempt purposes. I also will maintain confidentiality on all sensitive, personnel, or proprietary matters relating to HHC or its affiliates.

Furthermore, by providing a signed Statement, I am certifying my answers are correct, complete, and truthful. I understand by providing incorrect, incomplete, or untruthful information may result in my immediate removal from the Board.

Signature

Date