NOTARIZED CONFLICT OF INTEREST POLICY

State of North Carolina

County of ________________________________

I, ________________________________, Notary Public for said County and State, certify that ________________________________ personally appeared before me this day and acknowledged that he/she is ________________________________ of ________________________________ and by that authority duly given and as the act of the organization, affirmed that the foregoing Conflict of Interest Policy was adopted by the Board of Directors in a meeting held on the _______ day of ____________, _________.

Sworn to and subscribed before me this _______ day of ____________________, ___.

___________________________________
(Official Seal)     Notary Public

My Commission expires ______________________________, 20 ___

Instruction for Organization:
Sign and attach page two after it is adopted by the Board OR replace page two with the current adopted conflict of interest policy.

___________________________________________
Name of Organization

___________________________________________
Signature of Organization Official

DHHS Conflict of Interest
(05/08)
Conflict of Interest Policy

Organization staff persons are obligated to always act in the best interest of the organization. This obligation requires that any employee, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, employees are prohibited from using their job title, the organization's name or property, for private profit or benefit.

A. The officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from contractors/vendors. This is not intended to preclude bona-fide Organization fund raising-activities.

B. No officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

   1. The officer, employee, or agent;
   2. Any member of their immediate family;
   3. Their partner;
   4. An organization in which any of the above is an officer, director, or employee;
   5. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment.

C. Disclosure--Any possible conflict of interest shall be disclosed by the person or persons concerned.

D. Board Action--When a conflict of interest is relevant to a matter requiring action by the Board of Trustees, the interested person(s) shall call it to the attention of the Board of Trustees and said person(s) shall not vote on the matter. In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall retire from the room during the vote of the Board of Trustees. When there is a doubt as to whether a conflict exists, the matter shall be resolved by vote of the Board of Trustees, excluding the person(s) concerning whose situation the doubt has arisen.

E. Record of Conflict--The official minutes of the Board of Trustees shall reflect that the conflict of interest was disclosed and the interested person(s) was (were) not present during the final discussion or vote and did not vote on the matter.

_______________________________________
Name of Organization

_______________________________________
Signature of Organization Official

_______________________________________
Date

DHHS Conflict of Interest
(05/08)