

# Siskiyou Community Food Bank

## Potential Conflict of Interest Disclosure Statement

Please complete the questionnaire below, indicating any potential conflicts of interest. If you answer "yes" to any of the questions, please provide a written description of the details of the specific action, policy or transaction in the space allowed. Attach additional sheets as needed.

A conflict may exist where an interested party directly or indirectly benefits or profits as a result of a decision, policy or transaction made by SCFB. The interested party would not have obtained this benefit were it not for his/her relationship with SCFB.

- Has SCFB proposed to contract or contracted to purchase or lease goods, services, or property from you or from any of your relatives or associates? NO
- Board members/ED only: Has SCFB offered employment to you or to any of your relatives or associates? NO
- Have you used your relationship with SCFB to obtain a contract, employment for yourself or any of your relatives or associates, from a person or entity that does business with SCFB? NO
- Have you or any of your relatives been provided use of the facilities, property, or services of SCFB in a way that is not available to others who benefit from the organization's services? NO
- Have you, a relative or an associate been in a position to benefit financially from an action, policy or transaction made by SCFB? NO
- Other issues or situations not addressed above NONE

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

Willis Thompson  
Name (Please print)

Willis Thompson  
Signature

1-7-21  
Date

Please turn in completed form to Secretary. Form to be completed annually.

Siskiyou  
Community  
Food Bank



Conflict of Interest Policy  
Annual Affirmation of  
Compliance and  
Disclosure  
Statement

**Conflict of Interest Affirmation of Compliance**

I have received and carefully read the Conflict of Interest Policy for board members, the Executive Director and managers. I have considered not only the literal expression of the policy, but also its intent. By signing this affirmation of compliance, I hereby affirm that I understand and agree to comply with the Conflict of Interest Policy. I further understand that SCFB is a nonprofit organization and that in order to maintain its federal tax exemption it must engage primarily in activities that accomplish one or more of its tax-exempt purposes without personal inurement or benefit by board members., consultants/volunteers or staff (other than by salary).

I hereby state that I do not have any conflict of interest, financial or otherwise that may be seen as competing with the interests of SCFB nor does any relative or associate have such a potential conflict of interest.

If any situation should arise in the future that I think may involve me in a conflict of interest, I will promptly and fully disclose in writing the circumstances to the Chair of the Board of Directors or to the Executive Director, as applicable.

I further certify that the information set forth in the Disclosure Statement and attachments, if any, is true and correct to the best of my knowledge, information and belief.

**Annual Review and Reaffirmation**

Name (Please print) Willis Thompson

Signature Willis Thompson Date 1-7-21

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**Annual Review and Reaffirmation**

Name (Please print) Phillip Porter

Signature 

Date 1-7-21

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- Other issues or situations not addressed above - NONE of the above

Phillip Porter  
Name (Please print)

[Signature]  
Signature

1-7-21  
Date

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**Annual Review and Reaffirmation**

Name (Please print) Carin Swanson

Signature *Carin Swanson*

Date 1-7-21

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NONE

Carin Swanson      *Carin Swanson*      1-7-21  
 Name (Please print)      Signature      Date

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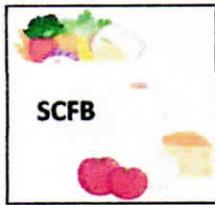
**Annual Review and Reaffirmation**

Name (Please print) Laura Leach

Signature Laura Leach

Date 1-7-2021

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- Have you, a relative or an associate been in a position to benefit financially from an action, policy or transaction made by SCFB? *NO*
- Other issues or situations not addressed above *None*

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

*Laura Leach*      *Laura Leach*      *1-7-2021*  
 Name (Please print)      Signature      Date

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