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? N O

☐ Board members/ED only: Has SCFB offered employment to you or to any of your relatives or associates? N O

☐ 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? N O

☐ 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? N O

☐ Have you, a relative or an associate been in a position to benefit financially from an action, policy or transaction made by SCFB? N O

☐ Other issues or situations not addressed above

__________________________________________

________________________________________________________________________________

__________________________________________

Name (Please print)       Signature       Date

Willis Thompson

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

Please turn in completed form to Secretary. Form to be completed annually.
Conflict of Interest Affirmation of Compliance

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Annual Review and Reaffirmation

Name (Please print)  \[\text{Phillip Porter}\]

Signature  

Date \[1-7-2\]
Siskiyou Community Food Bank

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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?

☐ Other issues or situations not addressed above

- none of the above

Name (Please print)  Signature  Date

Phillips Porter  7-7-21

Please turn in completed form to Secretary. Form to be completed annually.
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Annual Review and Reaffirmation

Name (Please print)  Carin Swanson

Signature  Carin Swanson  Date: 1-7-21

Please turn in completed form to Secretary. Form to be completed annually.
Siskiyou Community Food Bank

Potential Conflict of Interest Disclosure Statement

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☐ Other issues or situations not addressed above ________________________________

________________________________________

NONE

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

Please turn in completed form to Secretary. Form to be completed annually.
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Annual Review and Reaffirmation

Name (Please print)  Laura Leach

Signature  Laura Leach  Date 1-7-2021

Please turn in completed form to Secretary. Form to be completed annually.
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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 NO

________________________________________

________________________________________

Laura Leach (Please print) Laura Leach (Signature) 1-7-2023 (Date)

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