



HCHSAA Conflict of Interest Form

FORM OF ANNUAL STATEMENT REGARDING CONFLICTS OF INTEREST Fiscal Year 2023

I have received a copy of and have read, understand, and agree to comply with the HCHSAA conflict of interest policy.

Described below are all relationships, transactions, positions I hold (volunteer or otherwise), and circumstances that I believe could contribute to a conflict of interest with my role with the HCHSAA:

I have no conflict of interest to report.

I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (and/or your spouse or spousal equivalent) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. _____
2. _____
3. _____

I understand that the HCHSAA is a charitable organization and in order to maintain its federal tax exemption it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: _____

Printed Name: _____

Date: _____