



### ***Conflict of Interest Policy (Revised 9/13/04)***

It is recognized that the Community Foundation depends upon volunteers to serve on its Board of Directors. Because of the varied interests and backgrounds of board members who are active in the community in their private and public lives, situations may result that could create, or which might be construed to create, a conflict of interest. Thus, conflicts of interests are natural and sometimes inevitable.

This policy applies to all current members of the board, all officers, all paid Foundation employees, all members of any advisory committees or task forces, and any other individuals in a position to exercise influence over the conduct of any individuals in any official or advisory capacity of this Foundation. Board members and officers of the Community Foundation of Tompkins County are asked to maintain independence, objectivity and confidentiality. It is expected that all persons subject to this policy will conduct themselves under strict rules of honesty and fair dealing between themselves and the Foundation. Such persons shall not use their positions or knowledge gained for their private benefit, nor to obtain an unfair advantage over any aspect of their dealings with this Foundation.

A conflict of interest is defined as an activity or interest on the part of a board member that may cause bias for or against a particular action being considered by the board, such as a grant request or the purchase of services or assets. In general, a conflict of interest will be presumed when the board member or officer, or someone with whom he or she has a close relationship (a family member or member of the household) serves as a trustee, director, officer, or substantial stockholder of an affected organization or firm; has a formal affiliation or interest in an affected organization or firm; or could expect material financial gain or loss from a particular decision. (Refer to Article X of By-Laws).

Examples of possible conflict of interest include but are not limited to the following: an individual voting on a grant to a charitable organization which employs, serves or is directed by, a member of the individual's family; buying or selling goods or services, or recommending or approving same, where vendor is related to, or is an entity owned by, one or more family members of the individual involved in the buy or sell process; hiring an investment firm which employs or compensates the individual hiring or recommending the firm to the Foundation.

On an annual basis, each board and staff member shall complete the CFTC *Annual Conflict of Interest Statement*. Uncertainties regarding potential conflicts shall be resolved in favor of disclosure.

Whenever a board member or staff member identifies or suspects that a conflict of interest may exist with a matter being considered by the board or one of its committees, the individual shall inform the Board Chair and/or Committee Chair of such conflict of interest at the beginning of the discussion. The board member shall be counted in determining a quorum. In situations where the member has an interest, said member can offer information pertinent to the grant but must then depart from the meeting for the duration of the discussion and until after any related vote is taken. The minutes of the meeting should reflect that a disclosure was made and the abstention from voting was made by the board member having such a conflict.

Annual Conflict of Interest Statement  
Grant Year \_\_\_\_\_

NAME \_\_\_\_\_

AFFIRMATION: I have read and understand the provisions of the Community Foundation of Tompkins County **Conflict of Interest Policy**. I recognize the need to maintain the confidentiality of information I might receive as a board member regarding donors, donations and grant making activities of the Community Foundation. I hereby affirm that the following affiliations may represent a potential conflict of interest:

Business and professional affiliations in which I or an immediate family member hold as an owner, officer, board member, partner, employee or other beneficiary position at some point:

BUSINESS/ORGANIZATION	POSITION HELD/BY WHOM
_____	_____
_____	_____
_____	_____
_____	_____

Other not-for-profit organizations with which I or a family member is associated and which might reasonably expect to apply for a grant from the Community Foundation:

BUSINESS/ORGANIZATION	POSITION HELD/BY WHOM
_____	_____
_____	_____
_____	_____
_____	_____

*Other activities or affiliations that may produce a possible conflict of interest:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_