

CONFLICTS OF INTEREST DISCLOSURE STATEMENT

Name

Position with Corporation

Circle One: Finance Committee / Parish Council / School Commission / Other_____

I hereby acknowledge and accept the responsibility to assist _____ (“Corporation”) to adhere to high standards of ethical and legal business practices. I understand that I have a fiduciary responsibility to act in the best interest of the Corporation and I may not receive income, personal gain or receive any kickback, substantial gift, favors, or special consideration as a result of any transaction or business dealing involving the Corporation. I understand that in order for the Corporation to assure compliance with the Conflicts of Interest Policy, that I am required to make timely disclosure of any Conflicts of Interest, which may affect my relationship with the Corporation, to the Chairman of the Board of Directors (or his designee) and/or the Conflicts Committee of the Board of Directors.

I hereby acknowledge that I have received a copy of the Conflicts of Interest Policy and agree to comply with its provisions.

Except for the Financial Interest disclosed herein, I affirm that neither any Family Member nor I have a Financial Interest in any Organization (as described in the above Conflict of Interest Policy), which presents a potential, possible or actual Conflict of Interest in fulfilling my duties and obligations to Corporation.

I further affirm that I am not aware of any potential Conflict of Interest, Financial Interest or Significant Relationship except:

(Please describe any and all interests or transactions in which you have a Financial Interest or Significant Relationship or a potential Conflict of Interest which may result in any private or personal benefit by virtue of your relationship to the Corporation.)

Signature

Date