

Conflict of Interest Policy

A conflict of interest exists when an actual or perceived interest by an Anchorage Coalition to End Homelessness (ACEH) Board Member and/or Homeless Prevention & Response System (HPRS) Advisory Council Member causes them to participate in an action that results in, or has the appearance of resulting in, personal, organizational, or professional gain.

A conflict of interest occurs when an ACEH Board Member or HPRS Advisory Council Member has a direct or indirect fiduciary or financial interest in or relationship to (including, but not limited to), ownership, employment, contractual, creditor, or consultative relationship; or Board, Advisory Council, or staff membership in a business, organization, program or other entity and:

- The ACEH Board Member or HPRS Advisory Council Member has a direct financial, contractual or other recognized relationship with such entity, and / or such entity is the direct or indirect subject of a decision by the CoC.
- No ACEH Board Member or Advisory Council Member shall use their position, or the knowledge gained there from, in such a manner that a conflict between the interest of the organization or any of its affiliates and their personal interests arises.
- If an ACEH Board Member or HPRS Advisory Council Member has an interest in a proposed transaction in the form of a personal financial interest, or in any organizations involved in the transaction, or holds a position as trustee, director, or office in any such organization, they must make full disclosure of such interest before any discussion or negotiation of such transaction.
- Any ACEH Board Member or HPRS Advisory Council Member who is aware of a potential conflict of interest with respect to any matter coming before the Board, Advisory Council, or any Committee is obligated to disclose such a conflict of interest to the entire Board and / or Advisory Council.

Please retain this page for your records. Signature and disclosures
required on next page.



Conflict of Interest Policy

I have received, read and understand fully the Conflict of Interest Policy given here and will comply by bringing any potential conflict of interest situations to the Board and / or Advisory Council for consideration.

Name (Print)

Signature

Date

Please check one of the following:

I am either employed by, a consultant for, an officer of, or a Board or Advisory Member of the following organization(s), which have received, may seek, or are eligible for funding under HUD guidelines. This declaration also extends to any family member. I declare the following conflict of interest:

Organization: _____

Title: _____

Period of Affiliation: _____

Organization: _____

Title: _____

Period of Affiliation: _____

Please attach additional pages if necessary



I am either employed by, a consultant for, an officer of, or an ACEH Board or Advisory Member of the following organization(s), which have received or may seek business / financial opportunities with the Continuum of Care (CoC). This declaration also extends to any family member. I declare the following conflict of interest:

Organization: _____

Title: _____

Period of Affiliation: _____

Organization: _____

Title: _____

Period of Affiliation: _____

Please attach additional pages if necessary

I do not have an apparent conflict of interest

I am either employed by, a consultant for, an officer of, or an ACEH Board or Advisory Member of the following organization(s), which have received or may seek business / financial opportunities with the Continuum of Care (CoC). This declaration also extends to any family member. I declare the following conflict of interest:

Organization: _____

Title: _____

Period of Affiliation: _____

Organization: _____

Title: _____

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Please attach additional pages if necessary

I do not have an apparent conflict of interest