

EAST CENTRAL UNIVERSITY FOUNDATION, INC.

**AFFIRMATION OF COMPLIANCE AND DISCLOSURE STATEMENT
CONCERNING CONFLICT OF INTEREST**

By signing below, I verify that I have received and carefully read the Conflict of Interest Policy for Board and Committee members, staff and volunteers of the East Central University Foundation, Inc., and have considered not only the literal expression of the policy, but also its intent. Except as otherwise indicated in the Disclosure Statement and any attachments, I hereby state that I do not, to the best of my knowledge, have any conflict of interest that may be seen as competing with the interests of the East Central University Foundation, Inc., nor does any relative or business associate have such an actual or potential conflict of interest.

If any situation should arise in the future which I think may involve me in a conflict of interest, I will promptly and fully disclose the circumstances to the Chairman of the Board of Trustees of the Foundation, or to the Executive Director of the Foundation, as applicable.

Signature: _____

Date: _____

Printed Name: _____

Check all that apply:

☐

Foundation Employee

☐

University Employee

☐

Foundation Board Member

☐

Foundation Volunteer

☐

University Volunteer