



## **Conflict of Interest Policy & Annual Disclosure Form**

### **Purpose**

The purpose of this policy is to protect the integrity and reputation of ASAP by ensuring that all decisions and actions are made in the best interests of the organization, free from improper influence or personal gain.

### **Scope**

This policy applies to all officers and members of the board of directors of ASAP.

### **Policy**

All covered individuals must act in the best interests of ASAP and avoid situations where their personal, professional, or financial interests conflict, or appear to conflict, with those of the organization.

A conflict of interest exists when an individual's personal interests, or those of a family member or related entity, could compromise or appear to compromise their judgment, decisions, or actions on behalf of ASAP.

### **Disclosure**

Covered individuals must promptly disclose any actual, potential, or perceived conflicts of interest to the board chair or CEO.

Disclosures must be made annually using the ASAP Conflict of Interest Disclosure Form and updated as circumstances change.

### **Procedures**

**Disclosure:** Any individual with a conflict must disclose all material facts to the board or relevant committee.

**Recusal:** The individual must not participate in discussions or votes on matters in which they have a conflict.

Determination: The disinterested members of the board or committee will determine whether a conflict exists and the appropriate course of action.

Documentation: All disclosures and actions taken will be recorded in the meeting minutes.

## **Annual Statement**

All covered individuals must annually sign a statement affirming that they:

- Have received, read, and understand this policy,
- Agree to comply with it,
- Understand that ASAP is a nonprofit and must operate in furtherance of its charitable mission.



## Conflict of Interest Disclosure Form

Name:

ASAP Title/Role:

Date:

**Please answer the following questions. If you answer "Yes" to any, provide details below.**

Do you or a family member have a financial interest in any entity that does business with ASAP?

Yes  No

Do you serve as an officer, director, or employee of any organization that transacts business with or competes with ASAP (other than ASAP membership or partnership)?

Yes  No

Have you received any gifts, favors, or compensation from any entity doing business with ASAP in the past year?

Yes  No

Are there any other relationships, transactions, or circumstances that could be perceived as a conflict of interest?

Yes  No

If you answered "Yes" to any question, please explain below:

I certify that the above is a complete and accurate statement of any potential conflicts of interest.

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