

CONFLICT OF INTEREST POLICY

Staff and Board of Directors

The standard behavior at the Brookings Area United Way is that all staff, volunteers, and Board members scrupulously avoid conflicts of interest between the interest of the Brookings Area United Way on one hand, and personal, professional, and business interests on the other. This includes avoiding potential and actual conflicts of interest, as well as perceptions of conflicts of interest.

The purpose of this policy is to protect the integrity of the Brookings Area United Way decision-making process, to enable our constituencies to have confidence in our integrity, and to protect the integrity and reputations of volunteers, staff, and Board members.

In the course of meetings or activities, I will disclose any interest in a transaction or decision where I (including my business or other nonprofit affiliations), my family and/or my significant other, employer, or close associates will receive a benefit or gain. After disclosure, I will not be permitted to vote on the question. I may also be asked to leave the room during discussion.

I (including my business or other nonprofit affiliations), my family and/or my significant other, employer, or close associates will not accept any gift, entertainment, service, loan, or promise of future benefits from any person who may benefit or appear to benefit from my connection with the Brookings Area United Way, unless the facts are disclosed in good faith and are authorized by the Board. This policy statement is not intended to apply to gifts and/or similar entertainment of nominal value that clearly are in keeping with good business ethics and do not obligate the recipient. I am expected to work out the most gracious method of declining gifts, entertainment, and benefits that do not meet this standard.

I understand that this policy is meant to supplement good judgment, and I will respect its spirit as well as its wording. Any matter of question or interpretation that arises relating to this policy should be referred to the President for decision and/or for referral to the Board of Directors for decision, where appropriate.

I have received and read the foregoing Conflict of Interest Policy and understand fully the facts requiring any possible question of violation.

Name: _____

Signature: _____

Date: _____

Agency organizations with whom I have a relationship as of this date:
