

Armatage Neighborhood Association Conflict of Interest Disclosure Form

For Armatage Neighborhood Association

I. Conflicting Organizations

I am a director, trustee, officer, employee, representative of, or have a Financial Interest in the following organizations that have or may have a conflict with the interests of Armatage Neighborhood Association:

List the entity and your title or relationship to it:

II. Conflicting Activities / Obligations

I am not involved in any activity or transaction or contract that involves interests that are or could be found to be adverse to Armatage Neighborhood Association, except for the following:

III. Conflicting Business Opportunities / Commitments

I have not committed to, nor am I pursuing, any business opportunity that does or might adversely affect Armatage Neighborhood Association, except for the following:

IV. Conflicting Relationships

I do not have a Fiduciary Relationship with any person or entity with whom Armatage Neighborhood Association is pursuing a business opportunity, except for the following:

V. Other Potential Conflicts

Any other concerns I may have regarding actual or potential conflicts of interest are listed below:

VI. Acknowledgment

In my capacity as a director, officer, employee, or member of a committee with board-delegated powers of Armatage Neighborhood Association, I acknowledge the following:

1. I have received a copy of Armatage Neighborhood Association Conflict of Interest Policy (the "Policy").
2. I have read and understand the Policy.
3. I agree to comply with the Policy.
4. I understand that the Policy applies to the board of directors, officers, employees, and members of committees with board-delegated powers of Armatage Neighborhood Association.
5. I understand that Armatage Neighborhood Association is a nonprofit organization and that in order to maintain its federal tax exemption it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.
6. The above information concerning conflicts and potential conflicts is true, correct, and complete to the best of my knowledge.

Signature	Date
-----------	------

Printed Name	Title/Role
--------------	------------