

**Auxiliary Communications Service
of
Montgomery County, Maryland, Inc.**

**Conflict of Interest Questionnaire
and Disclosure Statement**

Instructions:

In order to be more comprehensive, this statement of questionnaire and disclosure statement also requires you to provide information with respect to certain parties that are related to you. These persons are termed “affiliated persons” and include the following:

- Your spouse, domestic partner, child, mother, father, brother or sister.
- Any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are, directly or indirectly, a debt holder or the beneficial owner of any class of equity securities.
- Any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

If more space is needed to respond to any question, please attach additional pages.

1. NAME OF MEMBER: (Please type or print)

2. CAPACITY: (select the most applicable role)

Officer

Member of the Board

Member having leadership role

3. Have you or any of your affiliated persons provided services or property to MCACS in the past year?

Yes

No

If yes, please describe the nature of the services or property and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

4. Have you or any of your affiliated persons purchased services or property from MCACS in the past year?

Yes

No

If yes, please describe the purchased services or property and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

5. Please indicate whether you or any of your affiliated persons had any direct or indirect interest in any business transaction(s) in the past year to which MCACS was or is a party?

Yes

No

If yes, describe the transaction(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

6. Were you or any of your affiliated persons indebted to pay money to MCACS at any time in the past year (other than travel advances or the like)?

Yes

No

If yes, please describe the indebtedness and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

7. In the past year, did you or any of your affiliated persons receive, or become entitled to receive, directly or indirectly, any personal benefits from MCACS or as a result of your relationship with MCACS, that in the aggregate could be valued in excess of \$1,000, that were not or will not be compensation directly related to your duties to MCACS?

Yes

No

If yes, please describe the benefit(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

8. Are you or any of your affiliated persons a party to or have an interest in any pending legal proceedings involving MCACS?

Yes

No

If yes, please describe the proceeding(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

9. Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by MCACS's [board or a duly constituted committee thereof] in accordance with the terms and intent of MCACS's conflict of interest policy?

Yes

No

If yes, please describe the situation(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

I HERBY CONFIRM that I have read and understand MCACS's conflict of interest policy and that my responses to the above questions are complete and correct to the best of my information and belief. I agree that if I become aware of any information that might indicate that this disclosure is inaccurate or that I have not complied with this policy, I will notify the MCACS President immediately.

Signature

Date

Note: Signature and date not required if delivered via email from your personal email account.

Credit: This form was adapted from a sample form provided by the Office of the Minnesota Attorney General, available at <http://www.ag.state.mn.us/pdf/charities/ConflictInterestPolicy.pdf>.