

# CONFLICT OF INTEREST ANNUAL DISCLOSURE STATEMENT

**As a board member of the Wisconsin Balance of State Continuum of Care (WIBOSCO), I understand and agree to the following:**

- I will perform all board responsibilities with integrity, honesty, trust, and truthfulness.
- I will act according to the highest professional and ethical standards.
- I will maintain confidentiality and adhere to the confidentiality statement signed upon joining the board.
- I will ensure that I place the mission and vision of the Balance of State as a priority in all work that is completed.
- I will promote cultural diversity and ensure that I treat all people with respect and dignity.
- I will use my best judgement in all the work that is completed, independently of my association with any other organization or personal concern.
- I will discuss any perceived conflicts with the board chair and/or Executive Committee.

## **Conflict of Interest**

Pursuant to Article V of the WIBOSCO bylaws, a conflict of interest exists when the interests or activities of any Member, Director, or officer may be seen as competing with the interests and activities of the Corporation or when a Member, Director, or officer derives a financial or other material gain as a result of a direct or indirect relationship with a third party to the detriment of the Corporation. Such conflicts are presumed to exist in those circumstances when the actions of a Member, Director, or officer may have a preferential impact on the employer of the Member, Director, or officer. Such circumstances may include but are not limited to the development of policies that are biased in favor of any such employer and decisions affecting the allocation of resources.

A conflict of interest real and apparent can also include any immediate family member, partner or an organization that employs any of the indicated parties or any immediate family member, gains financial and/or personal gain either personally or professionally by using their position within the agency. Prohibited activities include but are not limited to:

- Using your position to secure a contract for your business or board.
- Soliciting benefits in exchange for using your influence to unfairly advance the interest of a particular party.
- Soliciting or accepting cash or non-cash benefits in exchange for additional benefits. This includes bribery and non-cash gifts from another agency or business.
- Using confidential information to further your personal interests or advancing the cause of another agency or business.
- Being employed or affiliated with another agency that could be a conflict of interest.

*As a board member of the WIBOSCO, I understand and agree to all the above information. I agree that I will disclose any and all possible conflicts that could be perceived as an issue and write them on this form. I also agree and understand that if any matters arise pertaining to any ethical concerns, conflict of interest, and/or conduct concerns I will immediately disclose the information to the board chair and/or Executive Committee.*

After reading this form are there any conflicts of interest that you perceive may be seen as an issue with your board member position with the Balance of State?

Yes            No

If Yes, please state the possible concern(s):

*By signing below, I certify to the best of my knowledge the information provided on this form is true and accurate. I understand that this document shall be reviewed and signed annually.*

\_\_\_\_\_  
Board Member Name/Print and Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Balance of State CoC Board Chair/Print and Sign

\_\_\_\_\_  
Date