_____ Annual Conflict-of-Interest Disclosure — Year _____

Name: _____ **Role:** Director / Officer / Key employee **Term ends:** _____

1. Confirmation

- ☐ I have received and read the Conflict-of-Interest Policy adopted on _____.
- ☐ I agree to follow it.
- ☐ I understand the Organization is charitable and must engage mainly in activities that accomplish its exempt purposes.

2. Interests to disclose

List any business, nonprofit or family relationship that does or could do business with, compete with, or receive grants from the Organization. Write "None" if none.

Person (you or family member)	Organization	Relationship (owner, employee, director, donor, vendor…)

3. Transactions in the past 12 months

Did you, a family member or a business you are connected to receive any payment, contract, loan, grant or other benefit from the Organization? Yes / No. If yes, describe: _____

4. Other board seats

Boards you currently serve on: _____

I will update this statement promptly if anything changes.

Signature _____ Date _____

State notes

- **New Hampshire:** Keep these on file. Any payment or benefit over $500 a year to a director or officer (section 3) may be a pecuniary benefit transaction under RSA 7:19-a, which must be listed and reported to the Charitable Trusts Unit each year.

Sources

- RSA 7:19-a (pecuniary benefit transactions with directors, officers and trustees) — https://www.gc.nh.gov/rsa/html/I/7/7-19-a.htm
- NH DOJ Charitable Trusts Unit: CTU Forms (NHCT-11 registration, NHCT-12 annual report) — https://www.doj.nh.gov/bureaus/charitable-trusts/ctu-forms

Practice template, not legal advice. Your articles, bylaws, policies and the statutes control — check with counsel or the state office before you rely on it.

Made with Prepared Board · https://preparedboard.com/seacoast/templates/annual-conflict-disclosure