



**Certification Regarding Conflict of Interest and Confidentiality
Community Foundation of Central Illinois**

Personal Data

Name: _____

Current employer or other principal business affiliation and job title: _____

CFCI Role: _____

Other Business (Please use additional sheets as needed)

Please disclose any other employment or financial interest which you or a member of your immediate family (spouse and lineal descendants) may have as either an officer, director, trustee, partner, employee or agent of any business organization, which might give a rise to a possible conflict of interest with CFCI.

Charitable or Civic Involvement (Please use additional sheets as needed)

Please disclose all official positions which you or any member of your immediate family may have as director, trustee or officer of any charitable, civic or community organization as well as any unofficial roles that might give rise to a possible conflict of interest between you and CFCI.

I hereby acknowledge receipt of the Community Foundation of Central Illinois Confidentiality and Conflict of Interest Policies. If at any time there is a matter under consideration which may constitute a direct or indirect conflict of interest, it is my obligation to declare the conflict, to abstain from voting and to refrain from using my personal influence on the matter. It is also my obligation to keep CFCI business confidential and to honor donor confidentiality.

As a Director, advisory board/committee member, volunteer or employee of the Community Foundation of Central Illinois, I hereby agree to abide by the above policies.

Signature _____ Date _____