



**CONFLICT OF INTEREST & CONFIDENTIALITY POLICY**

The Community Foundation of the North State strives to maintain the highest ethical standards in pursuit of its mission to serve the Shasta, Siskiyou, and Tehama region. The standard of behavior at the Community Foundation of the North State is that all staff, volunteers, and board members scrupulously avoid conflicts of interest between the interests of the Community Foundation of the North State on one hand; and personal, professional, and business interests on the other. This includes avoiding potential and actual conflicts of interest, as well as perceptions of conflicts of interest. This policy shall be signed annually; at the beginning of each fiscal year.

Specific to donor, potential donor, and grantmaking information, I understand that all conversations and materials regarding the Community Foundation's donors, grantmaking, and grantees are to be held as confidential, unless otherwise specified.

I understand that the purposes of this policy are to protect the integrity of the Community Foundation of the North State's decision-making process, to enable our constituencies to have confidence in our integrity, and to protect the integrity and reputations of volunteers, staff, and board members.

In the course of meetings or activities, I will disclose any interests in a transaction or decision where I (including my business or other nonprofit affiliations), my family and/or my significant other, employer, or close associates will receive a benefit or gain. Following my declaration of a conflict of interest, I shall leave the discussion to allow for consideration among the non-interested Board/Committee members. As an interested Director/Committee Member I shall not participate in the vote on the matter in question. If I have any known potential conflict of interest, I shall list them in the provided space below. This may include, but is not limited to, my principal business activities and those of my immediate family and those charitable organizations that employ me or a member of my family or for which one of us serves as a member of the board.

I understand that this policy is meant to supplement good judgment, and I will respect its spirit as well as its wording.

Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

Name of Organization	Nature of Affiliation

*Updated 7.1.2020*