



Conflict of Interest Policy

for Officers, Directors, and Senior Management

No member of the Rhode Island Community Food Bank (RICFB) Board of Directors or Senior Management shall derive any personal profit or gain, directly or indirectly, by reason of his or her participation in the RICFB. Each individual shall disclose to the RICFB any personal interest which he or she may have in any matter pending before the organization and shall refrain from participation in any decision on such matter. Any member of the RICFB's Board of Directors or Senior Management shall refrain from obtaining any list of RICFB agencies/donors for personal or private solicitation purposes at any time during the term of their affiliation.

Please list below:

- Any company you were employed at during the past fiscal year.
- Any organization that you (or immediate family member) have been a Board member of in the past fiscal year.
- Any company that you (or immediate family member) have a 35% or more controlled interest.

1. _____
2. _____
3. _____
4. _____

This is to certify that I, except with regard to carrying out my duties as an officer, director or staff member of the RICFB as described below, am not now nor at any time during the past year have been:

- 1) A participant, directly or indirectly, in any arrangement, agreement, investment, or other activity with any vendor, supplier, or other party; doing business with the RICFB which has resulted or could result in personal benefit to me.
- 2) A recipient, directly or indirectly, of any salary payments or loans or gifts of any kind or any free service or discounts or other fees from or on behalf of any person or organization engaged in any transaction with the RICFB.
- 3) An elected official, staff member of an elected official or immediate family member of an elected official.

Any exceptions to 1-3 above are stated below with a full description of the transactions and of the interest, whether direct or indirect, which I have (or have had during the past year) in the persons or organizations having transactions with the RICFB.

Signature: _____ Date _____

Printed name: _____