

Board of Directors' Conflict of Interest Disclosure and Confidentiality Statement
2015

During the time that I serve on the Board of Directors of **South Central Family Health Center** (SCFHC), I realize that I will gain access to information that is considered to be confidential. Such information relates to submitted proposals, criteria, or decisions made with regard to the business of SCFHC.

Since confidential information is crucial to the operation of the center, and because the center in some instances has the obligation to protect such information, I agree that I will not use, publish or disclose such information during or subsequent to my participation on the Board of Directors and that I will preserve the restricted nature of this information except to the extent that it becomes publicly available, or is otherwise lawfully obtained outside the scope of this agreement from third parties.

Additionally, as a member of the Board of Directors, I realize that I have an obligation to disclose and eliminate (if necessary) any potential or actual duality of interest or conflict of interest.

Below, I have listed all community organizations, non-profit corporations or charitable programs that I or a member of my immediate family has a relationship with, that have sought or may in the future seek to do business with the foundation. The term "relationship" means any relation with a person or organization, whether financial (such as a significant donation of more than \$100), employment (such as a volunteer assignment, part-time job or as a consultant or independent contractor) or fiduciary (such as a Board Member or Officer). The term "immediate family" means spouse, parent, child or other individual living in the same household.

I hereby certify that I have read, understand and agree to the foundation's policies as described in this statement, with respect to confidential information and conflict of interest, and that the information given in this statement is complete and accurate to the best of my knowledge.

Date

Name (printed or typed)

Signature

Title/Position