



Policy name: 1.04a Conflict of Interest Statement	Effective date: March 6, 2023
Policy type: Organizational	Monitoring frequency: As needed
Policy owner: North Norfolk Board	Revision history:
Who approves: North Norfolk Board of Directors	Next review date: 2026

Interest of acknowledgement form

I, _____ hereby certify that I have read and understand the Conflict-of-Interest policy and agree to abide by its terms. In compliance with this policy, I would like to declare the following conflicts:

Director/Employee/volunteer signature

Date