

THE LISA PROJECT CIC

Disclosure of Conflict-of-Interest Form

1. Personal Information

- Name: _____
- Position/Title: _____
- Date: _____

2. Description of Conflict of Interest

Please describe in detail the nature of the conflict of interest, including any relevant names, relationships, and potential financial or personal benefits:

3. Impact on Duties

Explain how this conflict of interest might affect your ability to perform your duties and responsibilities for the CIC:

4. Steps Taken to Mitigate Conflict

Outline any steps you have taken or propose to take to mitigate or manage this conflict of interest:

5. Affirmation and Signature

I hereby declare that the information provided above is true and complete to the best of my knowledge. I understand that failing to disclose a conflict of interest or providing false information may result in disciplinary action.

I agree to abstain from any decision-making process related to the disclosed conflict of interest unless otherwise directed by the Board of Directors.

Signature: _____

Date: _____

6. For Board Use Only

Review and Action by the Board of Directors

- Date of Board Review: _____

- Summary of Discussion and Decision:

Board Decision:

- ☐ Conflict Resolved

- ☐ Conflict Requires Further Action

Details of Further Action (if required)

Board Signatures:

1. _____	Date: _____
2. _____	Date: _____
3. _____	Date: _____

Acknowledgment by Discloser:

I acknowledge that I have read and understand the Board's decision regarding my disclosed conflict of interest.

Signature: _____
Date: _____

By completing and submitting this form, individuals affirm their commitment to transparency and the ethical management of conflicts of interest within **THE LISA PROJECT** CIC