



AFFILIATE CONFLICT OF INTEREST FORM

To be reviewed and signed annually by all current Advisory Board and Committee members

Name: _____ Affiliate Role: _____

Current employer or other principal business affiliation:

Other Business

Identify if you have a family relationship or a business relationship with an ACF Board member, officer, or key employee.

None

Identify any interest that you or a member of your immediate family (spouse/domestic partner, children, grandchildren and great-grandchildren and their spouse/domestic partner) or any organization in which you have an interest (e.g. corporation or partnership) has had in any transaction during the last (5) years, to which the Foundation or any related organization, was a party (e.g. any loans, sales of goods or services, or guarantees).

None

Identify any investments, financial interest or other services which you or a member of your immediate family (spouse/domestic partner, children, grandchildren and great-grandchildren and their spouse/domestic partner) may have/had (within the last (5) years) as either an ACF Board member, officer, employee or agent of any business organization, that has, does, or is likely to provide goods or services to the Foundation.

None

Charitable/Civic Involvement

Identify any position that you or a member of your immediate family (spouse/domestic partner, children, grandchildren and great-grandchildren and their spouse/domestic partner) holds as a board member, director, trustee or officer of any charitable, civic or community organization as well as any unofficial

Please return your completed form to the Alaska Community Foundation via Email: affiliate@alaskacf.org,
Mail: 3201 C Street, Suite 110, Anchorage, AK 99503, or Fax: 907-334-5780



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roles which might give rise to a conflict of interest or duality of interest between you and the Foundation. Including, but not limited to, any entity that receives or seeks, or is anticipated to receive or seek, grant funding from the Foundation for a charitable purpose.

None

Identify all other circumstances affecting you or members of your immediate family (spouse/domestic partner, children, grandchildren and great-grandchildren and their spouse/domestic partner) that might appear to involve a conflict of interest, actual or potential, and any circumstances that could be viewed as use of information relating to Foundation business for personal or profit or advantage.

None

Relationship with an Affiliate Community Foundation

I am an Advisory Board member of the (Affiliate name): _____

I am a committee member of the (Affiliate name): _____

I have read Alaska Community Foundation's Conflict of Interest Policy.

I hereby acknowledge receipt of ACF's Confidentiality and Conflict of Interest Policy. If at any time there is a matter under consideration which may constitute a direct or indirect conflict of interest or duality of interest, it is my obligation to declare the conflict, to abstain from voting, and to refrain from using my personal influence on the matter. *For Advisory Board members: It is also my obligation to keep ACF business confidential and to honor donor confidentiality.*

As an Advisory Board or committee member, or volunteer of The Alaska Community Foundation and Affiliate community foundations, I hereby agree to abide by the above policies.

SIGNATURE: _____ DATE: _____

PHONE: _____ EMAIL: _____

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