



NEW YORK—NEW JERSEY TRAIL CONFERENCE Annual Conflict of Interest Statement

Approved by the Board on May 8, 2018

Name: _____ Date: _____

Position:

Are you a Board Director?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a Board Officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are an Officer, which position do you hold?		
Are you a Key Employee as defined in the policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are a Key Employee, which position do you hold?		
If you are not a Director, Officer or Key Staff, which position do you hold?		

Disclosures of Conflict of Interest:

Do you have a conflict of interest as defined in the policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please describe it: _____

Do you have a financial interest as defined in the policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please describe it: _____

Do you have a related party transaction interest as defined in the policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please describe it: _____

Do you have a relative relationship as defined in the policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please describe it: _____

I affirm the following:

- I have received the Trail Conference Conflict of Interest Policy:
<http://www.nynjtc.org/document/conflict-interest-policy>
- I have read and understand this Policy.
- I agree to comply with this Policy, including making disclosure of any Conflict of Interest not previously disclosed, prior to Board or Trail Conference action on any matter affected by or related to the Conflict.
- To the best of my knowledge, the disclosures made in the affirmation are true and correct.
- I acknowledge my continuing obligation to update my Statement should I become aware of a conflict of interest or related party transaction after I sign the Statement.

Signature: _____ Date: _____

Audit Committee Review Date: _____