

Harvest Hope Employee Conflict of Interest Disclosure Form

As stated in the employee handbook, employees must disclose any situation wherein a potential conflict of interest might arise via the Conflict of Interest form. Potential conflicts of interest will be evaluated on a case by case basis.

A potential conflict of interest is any circumstance in which an employee's activities, financial interests, positions or associations outside of Harvest Hope Food Bank potentially conflict with his/her professional responsibilities. Such circumstance may be created through business, financial or investment activities of the employees, his/her family members and/or close relations. Potential conflicts occur when the above named parties:

- Have a present or potential ownership, investment or compensation arrangement in any entity providing or receiving goods or services from Harvest Hope Food Bank;
- Serve as a member, shareholder, trustee, owner, partner, director, officer, employee or volunteer of any organization that competes with Harvest Hope Food Bank;
- Serve as a member, shareholder, trustee, owner, partner, director, officer, employee or volunteer of any organization currently or likely to become involved in litigation or other adversarial proceeding with Harvest Hope Food Bank; or
- Provide regulatory, inspection, supervision, accreditation or other oversight to Harvest Hope Food Bank

Potential conflicts of interest include but are not limited to moonlighting, second businesses, and family member/friend employment/ownership with a competitor, vendor and/or government agency.

Employees must complete and sign a potential conflict of interest disclosure statement accurately reflecting potential conflicts within 30 days of employment/association with Harvest Hope Food Bank; annually; and at any time between reviews if an employee's situation changes. If a potential conflict is reported, the form should be sent to HR for review. Any disclosed potential or actual conflict of interest is reviewed by HR, the CEO or the HR Committee.

Employee Name: _____

Employee Phone Number: _____

Employee Job Title: _____

Please describe the situation or activity that may need Conflict of Interest review. Include the relevant parties involved, background information, economic interests and relationships:

Employee Signature

Date