School Personnel/Foundation Conflict of Interest form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (*name*) am associated with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name of* *state charter school)* as follows:

A. (*Check any that apply*)

□ I am an employee of the school, employed as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*enter job title)*

□ I am a governing board member for the school

□ I am a contractor providing services at the school hired to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(enter description of contract)*

□ I have an ownership interest or am employed by in a company that contracts with, or does business with the school as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (*describe position or description of benefits provided/paid by the school and the reasons for the benefits provided)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

B. I also have, or a member of my immediate family has, the following relationship with, or receive benefits from, an entity that contracts with or supports the school as follows: (*complete as needed)*

|  |  |
| --- | --- |
| Foundation: (Note: *if the relationship is with the foundation and the foundation is fully funded with privately-raised funds or grants, no disclosure form is needed)* | Contracting Entity: |
| Name:  | Name: |
| Purpose of foundation (*check any that apply)* | Services provided to the School: (*add lines if needed)* |
| □ to provide a facility and facilities-related costs for the School, paid for by the School, as follows \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and  | 1. |
| □ uses payments received from the School as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2. |
|  | 3. |

I am/my immediate family member is:

□ an employee of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*enter name of the foundation or contracting entity identified above, “supporting entity”)*, employed as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*enter job title);*

□ a governing board member of the supporting entity;

□ a contractor at the supporting entity hired to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(enter job description)*

□ I have/my immediate family member has an ownership interest or am employed by in a company that contracts with, or does business with the supporting entity as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (*describe position or description of benefits provided/paid by the supporting entity)*

There is no conflict of interest because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*insert reason here)* and no violation of any state or federal ethic law, including NMAC 6.60.9.1 *et. seq.* (*for education employees*)

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|  |  |
| *Signature* | *Signature of School Governing Board Chair* |
|  | Name: |
| Date: | Date: |