



## Annual Conflict of Interest Statement

Date: \_\_\_\_\_

1. **Name:** \_\_\_\_\_

2. **Position:** Are you a voting director?

Yes                      No

3. **I affirm the following:**

- |   |                |
|---|----------------|
| 1. I have received a copy of Global Family Care Network's Conflict of Interest Policy.  | Initial: _____ |
| 2. I have read and understand the policy.   | Initial: _____ |
| 3. I agree to comply with the policy.   | Initial: _____ |
| 4. I understand that Global Family Care Network is charitable and in order to maintain its federal tax exemption it must engage primarily in the activities that accomplish one or more of tax-exempt purposes. | Initial: _____ |

### Disclosures:

- |  |     |    |
|--|-----|----|
| 1. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with Global Family Care Network? | Yes | No |
|--|-----|----|

If yes, please describe it, including when (approximately): \_\_\_\_\_

If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy?	Yes	No
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- |   |     |    |
|---|-----|----|
| 2. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with Global Family Care Network? | Yes | No |
|---|-----|----|

If yes, please describe it, including when (approximately): \_\_\_\_\_

If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy?	Yes	No
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\_\_\_\_\_  
Name of Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director