



SAGE Academy

Policy # 209 (B) - Conflict of Interest Disclosure Form - Employees

Part 1

Directions: Please complete this form, sign, date, and return it to Administrator Director.

I, the undersigned, acknowledge I have received a copy of SAGE Academy's Conflicts of Interest Policy. I received training on this topic on _____.

I, the undersigned, acknowledge this Conflicts of Interest Disclosure Form indicates whether I have any actual or apparent Conflict of Interest with any individual or entity whose interests may reasonably appear to be affected by selecting, awarding, or administering a contract with the entity.

I understand a Conflict of Interest exists when the following individuals or entities have a financial or other interest in an entity with which SAGE Academy is contracting:

1. Board Member, Employee, Officer, or agent;
2. Immediate family of the Board Member, Employee, Officer, or agent;
3. Business Partner of the Board Member, Employee, Officer, or agent;
4. An organization that employs, or is about to employ any individual mentioned in the aforementioned lines.

I agree not to participate in the selecting, awarding, or administering any contract if a conflict of interest exists.

I understand that I have a continuing duty to report any potential Conflicts of Interest and agree to report to the Board any possible conflicts that may develop in addition to any possible conflicts stated below.

I understand a Conflict of Interest may arise in a situation not stated above and this disclosure does not limit SAGE Academy's rights concerning any other conflicts of interest which may arise.

I understand that SAGE Academy will conduct an investigation of any conflict of interest and may result in discipline up to and including termination of employment.

Part 2

I have read, understand, and agree to the provisions of the Conflicts of Interest Policy.

I declare that:

Check one:

☐ I have no conflicts to declare.

☐ I am declaring the following conflict or potential conflict:

I understand that if a conflict is declared, SAGE Academy's, Administrative Director will notify the Board Chair.

Print Name _____

Signature _____

Date _____

Office use:

C of I Trainer: _____

Date of training: _____