

Prosser Thrive Coalition

Conflict of Interest Policy:  
Acknowledgement and Financial Interest Disclosure Statement

**Part I: Acknowledgment of Receipt**

I hereby acknowledge that I have received a copy of the conflict of interest policy of Prosser Thrive Coalition, have read and understood it, and agree to comply with its terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Part II: Disclosure of Financial Interests**

**Part II** Please check ONE of the following boxes:

- My interests and relationships do not conflict with my role in the Prosser Thrive Coalition.  
[Proceed to signature block below. Do not complete the tables.]

**OR**

- I hereby disclose or update my interests and relationships that could give rise to a conflict of interest: [Complete the table below. Use additional pages as needed.]

| Family Relationships  | Names of those presenting a potential conflict of interest |
|---|--|
| Include spouse/domestic partner, living ancestors, brothers and sisters (whether whole or half blood), children (whether natural or adopted), grandchildren, great grandchildren, and spouses/ domestic partners of brothers, sisters, children, grandchildren, and great grandchildren |  |

| Type of interest  | Description of interest that could lead to a conflict of interest |
|---|---|
| Transactions or arrangements with the Organization              |   |
| Transactions or affiliations with other nonprofit organizations |   |
| Substantial business or investment holdings                     |   |
| Transactions or affiliations with businesses not listed above   |   |

I am not aware of any financial interest involving me or a family member that could present a conflict of interest that I have not disclosed either above or in a previous disclosure statement.