

**Policy #9270**

**CONFLICT OF INTEREST**

**Annual Certificate of Acknowledgment**

The undersigned is a Trustee, officer, member of or advisor to a committee with Board delegated authority, or other person receiving confidential information, who hereby certifies, as of the date set forth below, as follows:

1. I have been provided with a copy of the Conflict of Interest Policy as adopted by the Board and am familiar with the provisions and requirements of same. I have read and understand this policy and agree to comply with it.
2. I understand that NFA is a charitable organization that is tax-exempt under section 501(c)(3) of the Internal Revenue Code, and that in order to maintain its tax-exempt status, NFA must engage in activities which accomplish its tax-exempt purposes.
3. I will comply with the above referenced policy at all times while serving as an officer, Trustee, or member of or advisor to a committee of NFA, or while otherwise serving the school.

IN WITNESS WHEREOF, I have executed this Certificate of Acknowledgment.

Signed: \_\_\_\_\_

Name (print): \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_