

**ANNUAL BOARD MEMBER CONFLICT OF INTERESTS DISCLOSURE FORM**

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

Name: \_\_\_\_\_

A conflict of interest, or an appearance of a conflict, can arise whenever a transaction, or an action, of Southern Maryland Community Network, Inc. conflicts with the personal interests, financial or otherwise, of a Board Member, or an immediate family member of a Board Member, or the Board member's employer, (collectively "your personal interests").

Please describe below any relationships, transactions, or positions you hold (volunteer or otherwise), or circumstances that you believe could create a conflict of interest, now or in the future, between Southern Maryland Community Network, Inc. and your personal interest, financial or otherwise:

\_\_\_\_ I have no conflict of interests to report.

I have the following conflict of interest, or potential conflicts of interests, to report:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

I have reviewed Southern Maryland Community Network, Inc. conflict of interests policy and I understand that it is my obligation to disclose a conflict of interest, or appearance of a conflict, to the Chair of the Board, when a conflict, or appearance of conflict arises, and that for transactions in which I have a conflict. Additionally, I will abstain from any vote on the matter involving the conflict.

Signature: \_\_\_\_\_

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