

Jamaica Outreach Program, Inc. CONFLICT OF INTEREST POLICY (adopted 9-20-08)

JOP is committed to having Board members adhere to this conflict of interest policy. It is absolutely imperative that tax-exempt funds be used exclusively for charitable purposes. Adherence to this policy will help preempt any perception that funds are being used for personal gain by Board members.

Disclosure of actual, or potential, conflicts of interest are required annually from each Board member.

If major purchases are involved, competitive written bids will be obtained, to ensure that prices and product are comparable if there will be a financial benefit to a board member.

Conflict of Interest disclosures and excusal from voting will be recorded in the meeting's minutes.

Each of us, by our words and actions every day, contributes towards a culture of integrity and responsibility.

Conflict of interest disclosure statement

The standard of behavior at Jamaica Outreach Program is that all staff, volunteers, and board members scrupulously avoid any conflict of interest between the interests of Jamaica Outreach Program on one hand, and personal, professional, and business interests on the other. This includes avoiding actual conflicts of interest as well as perceptions of conflicts of interest. I understand that the purposes of this policy are: to protect the integrity of Jamaica Outreach Program's decision-making process, to enable our constituencies to have confidence in our integrity, and to protect the integrity and reputation of volunteers, staff and board members. Upon or before election, hiring or appointment, and annually thereafter, I will make a full, written disclosure of interests, relationships, and holdings that could potentially result in a conflict of interest. This written disclosure will be kept on file and I will update it as appropriate. In the course of meetings or activities, I will disclose any interests in a transaction or decision where I (including my business or other nonprofit affiliation), my family and/or my significant other, employer, or close associates, will receive a benefit or gain. After disclosure, I understand that I will be asked to leave the room for the discussion and will not be permitted to vote on the question. I understand that this policy is meant to be a supplement to good judgment, and I will respect its spirit as well as its wording.

Signed: _____ Date: _____

Printed Name: _____

Check one:

- At this time, I have no known actual or potential conflicts of interest to disclose.
- I may have potential conflicts of interest, which are disclosed on the attached report.