Conflict of Interest Disclosure Statement

SOUTH FLORIDA COMMUNITY HEALTH CENTERS, INC.

This form must be completed by all current and prospective Board members, officers, and key personnel of SFCHC.

INSTRUCTIONS:

Please read both options below and mark the appropriate choice. Then sign and date at the bottom.

☐ I am not aware of any relationship, interest, or situation involving myself or my family which might be perceived as a conflict of interest with the SFCHC Board or its operations.

☐ I have the following relationships, interests, or situations involving myself or a member of my family which may represent a potential, apparent, or actual conflict of interest. (Please provide details below).

PLEASE PROVIDE DETAILS BELOW:

For-profit directorships, positions, or employment:

Nonprofit board memberships or roles:

Memberships in organizations:

Business contracts or financial interests:

Other relationships, roles, or relevant information:

My primary occupation is:

I acknowledge that I have received and read the SFCHC Conflict of Interest Policy and agree to comply with its terms. I will report any changes or developments that might present a conflict of interest.

Name:

Date

Signature