



Fox Valley United Way

Addendum C

Conflict of Interest / Confidentiality Agreement

As an employee, volunteer, or representative of Fox Valley United Way (FVUW), I understand that I am expected to adhere to the highest standards of personal and professional integrity and shall protect the interests of FVUW.

In that spirit, all employees, volunteers, or representatives are asked annually to complete this form requesting any agency affiliations or other real or potential conflicts of interest. Please sign this form and return it to FVUW's Chief Executive Officer, who will keep it on file.

The following includes, but is not a complete list of, circumstances that may give rise to a conflict of interest: if they are a party to a contract with an agency that receives funds from FVUW, is a director, officer, staff member, or has a significant financial interest in a company dealing with a funded agency, where they are reasonably likely to gain a significant financial or personal benefit if that agency received funds from FVUW.

An employee, volunteer, or representative having a real or potential conflict of, or any person who reasonably believes such an interest exists in another member, shall make prompt and full disclosure of the conflict of interest to FVUW's Chief Executive Officer and/or their committee chairperson.

FVUW's Executive Committee of the Board of Directors shall determine whether a conflict exists after a review of the information received and an investigation. If a conflict is determined to exist, said person shall neither vote nor use his or her personal influence on any deliberation with respect to said agency. The committee may consider such action as it deems appropriate - including transferring the individual to other committees.

If, in the course of a committee meeting where I encounter a potential or real conflict of interest, I understand that I must recuse myself from participating in any voting or decision making regarding the topic that gives rise to the conflict.

In addition, as an employee, volunteer, or representative, I acknowledge that as a result of my work with FVUW, I may receive confidential and privileged information including business plans, records; operational methods and information, accounting information, internal publications, and memoranda; computer software; information regarding internal departmental operations, policies, and procedures; business practices, methods and techniques; financial structure, data and statements; marketing concepts, strategies and plans; donor records or information; sources of supply and vendors; special business relationships with vendors; promotional materials and information; technical data; operational costs and other similar confidential matters.

I acknowledge, that such confidential information is a valuable and unique asset to FVUW, its partner agencies, and other agencies applying for funding, and I promise that I will not, either during or after my employment, volunteer or representative work with FVUW, use or disclose any such Confidential Information to any unauthorized person or entity for any reason whatsoever without the prior written authorization of both the FVUW's Chief Executive Officer and the Chief Executive Officer (or equivalent position) of any agency potentially affected by such disclosure. I further acknowledge that I will immediately report to the FVUW's Chief Executive Officer any misuse of such Confidential Information that I may encounter by another person or employee, volunteer, or representative.

The following is a list of my agency/organization affiliations, my role (if applicable), and/or other potential conflicts of interest:

None

Any additional information that you feel is pertinent in your decisions:

If during the course of the year covered by this document, I initiate a relationship or take on roles or responsibilities that may create a real or potential conflict of interest, I understand it is my obligation to disclose said relationship to FVUW's Chief Executive Officer, and I will file a new conflict of interest/confidentiality agreement form.

Signature

Date

Printed Name