The policy of the (insert name of Family Success Center) states that any person affiliated with an agency that will serve center families, on site or by referral, is not eligible to serve on the Parent/Community Advisory Board. In addition, this policy statement requires that any possible conflict of interest on the part of a Parent/Community Advisory Board member be disclosed to the Executive Director (or designee) of the agency and shall be made part of the agency's records. In order to accomplish this, each Advisory Board member shall complete a Conflict of Interest Questionnaire upon joining the Advisory Board and on (insert date) of each year.

An Advisory Board member, who has a possible conflict on any matter that comes to the attention of the Family Success Center Director, including the referral of a family member for services, may not use his or her personal influence on any such matter. In addition, Advisory Board members' families will receive the same consideration for services as all other applicants, but may not receive preferential treatment.

(Insert name of Family Success Center) PARENT/COMMUNITY ADVISORY BOARD CONFLICT OF INTEREST QUESTIONNAIRE

Please answer the following questions to the best of your ability. Please print your responses and do not leave any questions blank.

1.	I have received and carefully reviewed a list of agencies which provide services to or receives referrals from the Family Success Center.
	() Yes () No_If no, please STOP and ask the Family Success Center Ask representative for a listing prior to completing the remainder of the questionnaire.
2.	Do you or an immediate family member, provide services to or receive referrals from the Family Success Center? For the purpose of this questionnaire, "immediate family" is defined as spouse, mother, father, siblings, children and domestic partner. Families include biological families, foster, kinship and adoptive families. () Yes () No If yes, describe:
3.	Do you, or an immediate family member, conduct or seek to conduct business with the Family Success Center? () Yes () No If yes, describe:
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4.	Do you, or an immediate family member, have an employment or financial arrangement with any business or entity that will receive referrals from the Family Success Center?
	() Yes () No If yes, describe:
5.	Have you, or an immediate family member, received any gift, gratuity or entertainment from any business entity that conducts or seeks to conduct business with the Family Success Center?
	() Yes () No If yes, describe:

() Yes () No If yes, describe	:
· · · · · · · · · · · · · · · · · · ·	mber, engage in any other activities which nflict of interest with your role at the Family
<u>CERT</u>	<u>CIFICATION</u>
	re. I hereby agree to report in writing to the v situation with a potential for a conflict of
Print Name- Parent/Community Advisory	y Board Member
Signature	Date
Print Name- Family Success Center Repr	resentative
a.	Date
Signature	