

CONFLICT OF INTEREST POLICY FORM

DEMOGRAPHICS

Name

Residential Address

Occupation

For how long and in what capacity(ies) have you been involved in BRCA?

For how long have you lived in Bridgeland Riverside?

When did you first become a Member of BRCA?

VENDOR ISSUES / GOODS & SERVICES

Do you directly or indirectly provide goods and/or services as part of your work?

Yes
 No

If yes, please describe.

Does any member of your immediate family directly or indirectly provide goods and/or services as part of their work?

Yes
 No

If yes, please describe.

Have you or do you presently conduct business in the neighbourhood

Yes
 No

If yes, please describe.

Were you involved in BRCA at the time?

Yes
 No

If yes, please describe.

Was the resulting conflict of interest formally minuted or documented?

Yes
 No

If yes, please describe.

Have you or do you presently own real estate in the neighbourhood (apart from your personal residence)?

Yes
 No

If so, please identify.

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PROFESSIONAL / REPUTATIONAL ISSUES AND ADVANTAGES

Via your work with BRCA, do you interact with people (e.g. at City Hall, representatives of vendors) with whom you also interact for other reasons, including your employment?

- Yes
 No

If yes, please describe.

Have you ever secured any work or opportunity directly or indirectly by reason of your participation with BRCA (e.g. obtaining a client whom you first met via BRCA business)?

- Yes
 No

If yes, please describe.

Was the resulting Conflict of Interest formally minuted or documented?

- Yes
 No

If yes, please describe.

GIFTS ETC.

Have you received any gifts, perquisites, or other favourable treatment from any person or business who has current or former business with BRCA?

- Yes
 No

If yes, please describe.

OTHER ROLES

Do you presently have other roles or responsibilities not identified above? (e.g. membership in other societies, on boards, tribunals, etc.)

- Yes
 No

If yes, please describe.

If you have other roles, does the business transacted overlap or potentially overlap with business that is or may be conducted by BRCA?

- Yes
 No

If yes, please describe.

DATE

SIGNATURE