



Conflict of Interest Form For Members of the Metropolitan Denver CoC

1. Please check each box below to affirm that you have received, understand, and will comply with the *Conflict of Interest Policy for Metropolitan Denver Continuum of Care Members*, referred to hereafter as “the policy.”

- I have received a copy of the policy.
- I have read and understand the policy.
- I agree to comply with the policy.

2. Please check one of the boxes below to affirm whether you are or are not an independent member of the CoC as defined in the policy.

- I am an independent member as defined in the policy.
- I am not an independent member as defined in the policy.

3. Have you received any payments (other than expense reimbursements) from the CoC?

- Yes No

4. Are you employed by an organization that does business with the CoC?

- Yes No

5. Are you serving in an advisory capacity to an organization that does business with the CoC?

- Yes No

6. If the answer is yes to question 3, 4, or 5 above, please explain below.

[Click or tap here to enter text.](#)

For the purposes of questions 7 and 8, below, the Internal Revenue Service defines a “family relationship” as the relationship between an individual and his or her spouse, ancestors, children, grandchildren, great-grandchildren, siblings (whether by whole or half blood), children’s spouses, grandchildren’s spouses, or siblings’ spouses.

7. Are you related to any individuals who are employed by the CoC?

- Yes No

8. Are you related to any individuals who do business with the CoC, either directly or as employees or members of boards or advisory committees?

- Yes No

9. If the answer is yes to question 7 or 8 above, please explain below.

Click or tap here to enter text.

10. Please check the box below to affirm that you will update this form as needed.

- If at any time the information requested in this form changes materially, I will disclose such changes and revise this form accordingly at the earliest opportunity.

Signature: Please type your full name here to represent your handwritten signature, or enter a scanned copy of your handwritten signature, to attest to the accuracy of your responses on this form.

Printed Name: If you entered a scanned signature above, please type your full name here.

Date: Click or tap to enter a date.