



**North Central Texas Trauma Regional Advisory Council
Annual Affirmation of Compliance and Disclosure Statement**

I have received and carefully read the Conflict of Interest Policy for Officers, Directors, and senior staff of North Central Texas Trauma Regional Advisory Council (NCTTRAC) and have considered not only the literal expression of the policy, but also its intent. By signing this affirmation of compliance, I hereby affirm that I understand and agree to comply with the Conflict of Interest Policy. I further understand that NCTTRAC is a 501(c)(3) organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Except as otherwise indicated in the Disclosure Statement and any attachments, I hereby state that I do not, to the best of my knowledge, have any conflict of interest that may be seen as competing with the interests of NCTTRAC, nor does any relative or business associate of mine have such an actual or potential conflict of interest. If any situation should arise in the future which I think may involve me in a conflict of interest, I will promptly and fully disclose the circumstances to the Executive Committee of the Board of Directors (Executive Committee) or to the NCTTRAC Office Manager, as applicable.

I further certify that the information set forth in the attached Disclosure Statement and any other attachments is true and correct to the best of my knowledge, information and belief.

Name (Please print): _____

Board of Directors Position: _____

Signature: _____ Date: _____

(Attach the completed Disclosure Statement to this Affirmation.)

Disclosure Statement

Please complete the questionnaire below indicating any actual or potential conflicts of interest. In answering these questions, please refer to any current relationship or transaction, or any which have taken place in the last twelve months. If you answer yes to any of the questions, please provide a written description of the details of the specific action or transaction in the space allowed. Attach additional sheets as needed.

Financial Interests - A conflict may exist where an interested party, or a relative or business associate of an interested party, directly or indirectly benefits or profits as a result of a decision made or transaction entered into by NCTTRAC.

Has NCTTRAC contracted to purchase or lease goods, services, or property from you or from any of your relatives or business associates? Yes No

If yes, please describe:

Has NCTTRAC purchased an ownership interest in or invested in a business entity owned by you or owned by any of your relatives or business associates? Yes No

If yes, please describe:

Has NCTTRAC offered employment to you or to any of your relatives or business associates other than a person who was already employed by the organization? Yes No

If yes, please describe:

Have you or have any of your relatives or business associates been provided with a gift, gratuity, or favor of a substantial nature from a person or entity which does business or seeks to do business with NCTTRAC? Yes No

If yes, please describe:

Have you or any of your relatives or business associates been gratuitously provided use of the facilities, property, or services of NCTTRAC? Yes No

If yes, please describe:

Other Interests - A conflict may also exist where an interested party or a relative or business associate of an interested party obtains a non-financial benefit or advantage that he/she would not have obtained absent his/her relationship with the organization, or where his/her duty or responsibility owed to NCTTRAC conflicts with a duty or responsibility owed to some other organization.

Did you obtain preferential treatment by NCTTRAC for yourself or for any of your relatives or business associates? Yes No

If yes, please describe:

Did you make use of confidential information obtained from NCTTRAC for your own benefit or for the benefit of a relative, business associate, or other organization? Yes No

If yes, please describe:

Did you take advantage of an opportunity, or enable a relative, business associate or other organization to take advantage of an opportunity, which you had reason to believe would be of interest to NCTTRAC? Yes No

If yes, please describe:

Name (Please print): _____

Board of Directors Position: _____

Signature: _____ Date: _____