

Maricopa Regional Continuum of Care (CoC)

Conflict of Interest Acknowledgement & Disclosure Form

This form must be completed annually and updated whenever an individual's role, employer, or affiliations change. It applies to CoC Board members, committee and workgroup members, consultants, representatives of CoC staffing entities, and representatives of agencies receiving CoC funding.

Section 1: Acknowledgement of Policy

By signing below, I acknowledge that I have received, read, and understand the Maricopa Regional Continuum of Care (CoC) Conflict of Interest Policy. I agree to comply with the policy and understand my responsibility to avoid actual, potential, or perceived conflicts of interest. I understand that I must disclose any conflict of interest as early as possible, including:

- Before participating in any relevant discussion or decision-making; and
- Immediately upon recognizing a conflict if it becomes apparent during discussion.

If a conflict exists, I understand that I will be required to recuse myself from discussion, decision-making, and/or voting, including leaving the meeting space (virtual or in-person) during those portions of the discussion.

Section 2: Disclosure of Affiliations

Please list all organizations with which you are affiliated that may receive funding or otherwise benefit from CoC decisions. Include employment, board service, consulting roles, ownership interests, and volunteer leadership roles. If none, write "None."

Organization(s) / Entity(ies): _____

Role / Nature of Relationship: _____

Organization(s) / Entity(ies): _____

Role / Nature of Relationship: _____

Organization(s) / Entity(ies): _____

Role / Nature of Relationship: _____

Section 3: Immediate Family or Business Relationships

Do any immediate family members or business associates have a financial interest that could be affected by CoC decisions?

Yes No

If yes, please describe: _____

Section 4: Attestation & Signature

I attest that the information I have provided is complete and accurate to the best of my knowledge. I agree to update this form if my affiliations or circumstances change.

Printed Name: _____

Organization / Agency: _____

Title / Role: _____

Phone Number: _____

Email: _____

Signature: _____ Date: _____