

**COLUMBIA GORGE COMMUNITY COLLEGE FOUNDATION  
ANNUAL QUESTIONNAIRE  
CONFLICTS OF INTEREST POLICY  
DISCLOSURE AND ACKNOWLEDGMENT STATEMENT**

**[Each Director, Officer and Key Employee should sign and submit this form annually.]**

**Disclosure**

Please report below any conflicts of interest or potential conflicts of interest between the Foundation and you, a family member, or a business or corporation with which you are connected within the meaning of the Conflicts of Interest Policy.

You have an ongoing obligation to notify the Board promptly of any such conflicts of interest that subsequently arise.

**List of Conflicts or Potential Conflicts**

Please list and explain any conflicts here:

**Acknowledgment**

I have received, read, understand, and will comply with the Conflicts of Interest Policy of the Foundation. I affirm that, other than the interests reported, I am aware of no conflicts of interest that I have or may have within the meaning of the Conflicts of Interest Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Please submit this form to the Secretary of the Foundation and retain a copy for your records.