

NAMI Missouri Board of Directors Conflict of Interest Form

(to be retained by NAMI Missouri)

Name: _____

Address: _____ **City, State Zip:** _____

Phone: _____ **Email:** _____

AREAS IN WHICH CONFLICT MAY ARISE

Conflicts of interest may arise in the relations of directors, officers, and management employees with any of the following third parties:

- Persons and firms supplying goods and services to NAMI
- Persons and firms from whom NAMI leases property and equipment
- Persons and firms with whom NAMI is dealing or planning to deal in connection with the gift, purchase or sale of real estate, securities, or other property
- Competing or affinity organizations
- Donors and others supporting NAMI
- Agencies, organizations, and associates that affect the operations of NAMI
- Family members, friends, and other employees

NATURE OF CONFLICTING INTEREST

A material conflicting interest may be defined as an interest, direct or indirect, with any persons and firms mentioned above. Such an interest might arise through:

- Owning stock or holding debt or other proprietary interests in any third party dealing with NAMI
- Holding office, serving on the board, participating in management, or being otherwise employed (or formerly employed) in any third party dealing with NAMI
- Receiving remuneration for services with respect to individual transactions involving NAMI
- Using NAMI's time, personnel, equipment, supplies, or good will for other than NAMI approved activities, programs, and purposes
- Receiving personal gifts or loans from third parties dealing with NAMI. Receipt of any gift is disapproved except gifts of nominal value that could not be refused without discourtesy. No personal gift of money should ever be accepted.

Under this policy, do you have any potential or perceived conflicts of interest to disclose?

No, I have no potential or perceived conflicts of interest to disclose.

Yes, I have the following potential or perceived conflicts of interest to disclose:

I have read and understand NAMI's conflict-of-interest policy and agree to be bound by it. I will promptly inform the Board president of any material change that develops in the information contained in the foregoing statement.

Signature: _____ Date: _____

Annual Review:

Board members are required to review this disclosure to NAMI Missouri to provide any relevant updates.

Signature: _____ Date: _____

- No Changes
- Changes Noted

Signature: _____ Date: _____

- No Changes
- Changes Noted

Additional Reviews (as needed between annual update):

Signature: _____ Date: _____

- No Changes
- Changes Noted

Signature: _____ Date: _____

- No Changes
- Changes Noted

Updated December 6, 2012

Updated April 6, 2013

Revised by the NAMI Missouri Board of Directors 3/21/2020