NAPA VALLEY COLLEGE
NVC AUX District Auxiliary Services
Office of the President- 2277 Napa-Vallejo Hwy., Napa, CA 94558
Phone: 707-256-7160 Fax: 707-256-7169

CONFLICT-OF-INTEREST DISCLOSURE STATEMENT

Please initial in the space at the end of Item A or complete Item B, whichever is appropriate; complete the balance of the form; sign and date the statement; and return it to the board chair.

A. I am not aware of any relationship or interest or situation involving my family or myself that might result in, or give the appearance of being, a conflict of interest between such family member or me on one hand and the Napa Valley College District Auxiliary Services Foundationon the other. Initials: _____

B. The following are relationships, interests, or situations involving me or a member of my family that I consider might result in or appear to be an actual, apparent, or potential conflict of interest between such family members or myself on one hand and the Napa Valley College District Auxiliary Services Foundation on the other. _____

Corporate (either nonprofit or for-profit) directorships, positions, and employment:

_____

Memberships in the following organizations:

_____

Contracts, business activities, and investments with or in the following organizations:

_____

Other relationships and activities:

_____

My primary business or occupation at this time:

_____

I have read and understand the Napa Valley College District Auxiliary Services' Conflict-of-Interest Policy and agree to be bound by it. I will promptly inform the board chair of the Napa Valley College District Auxiliary Services Foundation of any material change that develops in the information contained in the foregoing statement.

_____ _____ _____

Type/Print Name Signature Date