# Area Agency on Aging of Pasco-Pinellas, Inc.
# Conflict-of-Interest Policy
# 2027

The standard of behavior at the Area Agency on Aging of Pasco-Pinellas, Inc. is that all **staff, board members, and advisory council members** avoid any conflict of interest between the interests of the Area Agency on Aging of Pasco-Pinellas, Inc., on one hand, and personal, familial, professional, and business interests on the other. This includes avoiding ***actual*** conflicts of interest as well as ***perceived*** conflicts of interest.

The purpose of this policy is to protect the integrity of our organization's decision-making processes, to enable our clients, providers, and other partners to have confidence in our integrity, and to protect the integrity and reputation of our staff, board of directors, and advisory council.

Upon or before election, hiring, or appointment, I will make a full, written disclosure of interests, relationships, and holdings that could potentially result in a conflict of interest. This written disclosure (see attached) will be kept on file, and I will update it annually.

In the course of meetings or activities, I will disclose any interests in a transaction or decision where I (including my business or other nonprofit affiliation, family, and/or my significant other, employer, or close associates) may, will, or could appear to receive a benefit or gain. After disclosure, I understand that I will not be involved in the discussion nor permitted to vote on the question (if I am a Board Member or Advisory Council Member).

I understand this policy is meant to be a supplement to good judgment, and I will respect its spirit as well as its wording.

_____ _____

Signed Date

_____

Printed Name

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**AREA AGENCY ON AGING OF PASCO-PINELLAS, INC.**
**CONFLICT OF INTEREST**
**DISCLOSURE STATEMENT**

**Please check all applicable statements and provide information:**

☐ **A.** The following are relationships, interests or situations involving me or a member of my family or significant other, which might result in or appear to be an actual, apparent or potential conflict of interest between me (or my family members/significant other) on one hand and the Area Agency on Aging of Pasco- Pinellas, Inc. (AAAPP) on the other:

☐ I serve as a director of the following for-profit corporation(s):
_____
_____

☐ I serve as trustee or director of the following nonprofit organization(s):
_____
_____

☐ I hold membership in the following organizations, associations, consortia, etc.:
_____
_____

☐ I am engaged in contracts, investments or other business activities with the following:
_____
_____

☐ Other activities or relationships I wish to disclose relative to my work with the AAAPP:
_____
_____

☐ **B.** I have not indicated any of the above as I am not aware of any relationship or interest or situation involving myself, my family, or my significant other which might result in, or give the appearance of being an actual, apparent, or potential conflict of interest between me (or my family member or significant other) on one hand and the AAAPP on the other.

My primary business or occupation is: _____

Position or Title _____ Firm _____

I have read and understand this conflict-of-interest policy and agree to be bound by it. I will promptly inform the Board Chair (if a Board Member); my supervisor (if an employee); or Staff Liaison (if Advisory Council Member) of any material change that develops in the information contained in the foregoing instrument**.**

| _____ | _____ | _____ |
|---|---|---|
| Printed Name | Signature | Date |

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