



## **Conflict of Interest Policy**

### **HOPE Learning Inc.**

This Conflict of Interest Policy is designed to help directors, officers, and key volunteers of HOPE Learning Inc. identify situations that present potential conflicts of interest and to provide a procedure to appropriately manage those conflicts in order to protect the integrity of the organization.

#### **1. Purpose**

The purpose of this policy is to ensure that decisions made on behalf of the organization are in its best interest and comply with applicable legal and ethical standards.

#### **2. Definitions**

A conflict of interest arises when a person's personal, financial, or other interests could compromise their judgment.

Interested Person: Any director, officer, or key volunteer with a potential conflict.

#### **3. Duty to Disclose**

An interested person must disclose the existence of any actual or potential conflict of interest to the Board of Directors.

#### **4. Determining Whether a Conflict Exists**

After disclosure, the Board shall determine whether a conflict of interest exists.

#### **5. Procedures for Addressing the Conflict**

The interested person shall leave the meeting during discussion and voting on the matter. The Board may investigate alternatives and make a decision in the best interest of the organization.

## **6. Violations of the Policy**

If the Board has reasonable cause to believe a person has failed to disclose a conflict, it may take appropriate action.

## **7. Records of Proceedings**

The minutes shall contain the names of persons who disclosed conflicts, the nature of the conflict, and the Board's decisions.

## **8. Annual Statements**

Each director, officer, and key volunteer shall annually sign a statement affirming that they have received, read, and agree to comply with this policy.

## **9. Adoption**

This policy was adopted by the Board of Directors of HOPE Learning Inc.

Date: \_\_\_\_\_

President Signature: \_\_\_\_\_

Secretary Signature: \_\_\_\_\_

## **Conflict of Interest Disclosure Form**

### **HOPE Learning Inc.**

Please complete this form annually and disclose any relationships, positions, or financial interests that may present a potential conflict of interest.

Name: \_\_\_\_\_

Position: \_\_\_\_\_

#### **1. Family Relationships**

List any family relationships with other board members, officers, or key individuals in the organization:

\_\_\_\_\_  
\_\_\_\_\_

#### **2. Business Interests**

List any businesses you own, work for, or have a financial interest in that may interact with the organization:

\_\_\_\_\_  
\_\_\_\_\_

#### **3. Potential Conflicts**

Describe any other situation that could be perceived as a conflict of interest:

\_\_\_\_\_  
\_\_\_\_\_

#### **4. Certification**

I certify that I have received, read, and understand the Conflict of Interest Policy of HOPE Learning Inc. and agree to comply with its terms.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_