



## **CONFLICT-OF-INTEREST POLICY**

Employees and board members have an obligation to conduct business within guidelines that prohibit actual or potential conflicts of interest. This policy establishes only the framework within which The Lake Zurich Area Chamber of Commerce (Chamber) wishes its business to operate. The purpose of these guidelines is to provide general direction so that board members and employees can seek further clarification on issues related to the subject of acceptable standards of operation.

An actual or potential conflict of interest occurs when a board member or an employee is in a position to influence a decision that may result in personal gain or gain for a relative as a result of the Chamber's business dealings. For the purpose of this policy, a relative is any person who is related by blood or marriage, or whose relationship with the board member or employee is similar to that of persons who are related by blood or marriage.

No presumption of a conflict is created by the mere existence of a relationship with outside firms. However, if a board member or an employee has any influence on any material business transactions, it is imperative that he or she discloses, in writing to the Executive Director or President of the Chamber as soon as possible the existence of any actual or potential conflict of interest so that safeguards can be established to protect all parties.

Personal gain may result not only in cases where a board member, an employee, or a relative has a significant ownership in a firm with which the Chamber does business, but also when a board member, an employee, or a relative receives any kickback, bribe, substantial gift, discounts, or special consideration not available to others as a result of any transaction or business dealings involving the Chamber.

Adopted: September 12, 2013



## LAKE ZURICH AREA CHAMBER OF COMMERCE 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 Executive Director.

- 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 Organization on 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 Organization on the other.

Initials: \_\_\_\_\_

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 Chamber's Conflict-of-Interest Policy and agree to be bound by it. I will promptly inform the Executive Director of the Chamber of any material change that develops in the information contained in the foregoing statement.

\_\_\_\_\_  
Type/Print

\_\_\_\_\_  
Name Signature

\_\_\_\_\_  
Date