**Conflict of Interest Policy Annual Statement**

1. Name: _____ Date: _____

2. Select your role: **Voting Board Member** **Ex-Officio Board Member**

**Committee Member** **Staff**

3. I affirm the following:

- I have read and understand the Conflict of Interest Policy. _____ (initial)
- I agree to comply with the policy. _____ (initial)

4. Disclosures:

Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with the Authority? **Yes** **No**

i. If yes, please describe it: _____

5. I understand should a conflict of interest arise at any time; it is my duty to report said conflict to the Executive Director of the Authority or Chair of the Authority's Board of Directors, as applicable. _____ (initial)

_____ Date: _____

Signature of Member or Staff

_____ Date: _____

Signature of HCTDA Executive Director

_____ Date: _____

Signature of HCTDA Board Chair