**[Nonprofit Organization Name] Conflict of Interest Policy**

**Effective Date:** [Date]

**1. Purpose**

The purpose of this Conflict of Interest Policy is to protect the interests of **[Nonprofit Organization Name]** by ensuring that decisions are made in the best interest of the organization, without any undue influence from personal interests. This policy aims to identify, disclose, and manage any potential conflicts of interest that may arise in the course of the organization’s operations.

**2. Definition of Conflict of Interest**

A conflict of interest occurs when an individual’s personal interests—whether financial, familial, or otherwise—could influence their actions or decisions in their role with **[Nonprofit Organization Name]**. A conflict may arise when an individual benefits personally, directly or indirectly, from their position in the organization, or when their personal interests interfere with their ability to act in the best interest of the organization.

**3. Scope of Policy**

This policy applies to all Board members, staff, and volunteers of **[Nonprofit Organization Name]** who are in a position to make decisions or recommendations that affect the organization’s operations or finances.

**4. Disclosure of Conflicts**

All Board members, staff, and volunteers are required to disclose any potential conflicts of interest upon joining the organization and immediately whenever a new conflict arises. Conflicts should be disclosed in writing to the **Board Chair** or **Executive Director**.

Examples of potential conflicts include, but are not limited to:

* A financial interest in a vendor, supplier, or contractor doing business with the organization.
* A family member or close personal friend being involved in a contract or business relationship with the organization.
* Personal or financial interests that may influence voting on a matter affecting the organization.

**5. Procedures for Addressing Conflicts**

Once a conflict of interest is disclosed, the following procedures will be followed:

* The individual involved will not participate in discussions or decisions regarding the matter that creates the conflict, including voting.
* The Board or relevant decision-making body will review the conflict and decide whether it needs to be addressed further.
* If the conflict cannot be resolved through recusal or other measures, the Board may consider additional actions, such as finding an alternative course of action or terminating the relationship creating the conflict.

**6. Conflicts in Decision-Making**

In any situation where a conflict of interest exists, the individual with the conflict must recuse themselves from any decisions or discussions related to the conflict. The individual should refrain from influencing the decision-making process in any way.

**7. Record of Disclosures**

The **Board Chair** or **Executive Director** will maintain a record of all conflicts of interest disclosed and any actions taken to address those conflicts. This record will be available for review by the Board or relevant governing body.

**8. Consequences of Violating the Policy**

Failure to disclose a conflict of interest or to recuse oneself from related decisions may result in disciplinary action, up to and including termination of the individual’s relationship with the organization.

**9. Annual Review of Conflicts**

At least annually, all Board members, staff, and volunteers will be reminded of their obligation to disclose any potential conflicts of interest and will be asked to review and update their disclosures.

**Signatures**

By signing below, I acknowledge that I have read and understood the Conflict of Interest Policy of **[Nonprofit Organization Name]** and agree to adhere to its terms.

**Board Member/Staff/Volunteer Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Board Chair Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_