Suite 416 400 S 4<sup>th</sup> Street Minneapolis, Minnesota 55415 Phone: 952.230.4555 Fax: 952.230.4550



## CONFLICTS OF INTEREST POLICY ANNUAL STATEMENT

**MHTA Conflict of Interest Policy:** As the phrase suggests, a "conflict of interest" occurs when a personal interest is in conflict with, or even appears to be in conflict with, the best interests of the Organization. If a personal opportunity makes it difficult to work objectively or effectively on behalf of the MHTA, it creates a conflict of interest. It is also a conflict of interest if a person receives improper personal benefit as a result of his or her connection with the Organization, including connections resulting from family or household relationships. No person covered by this Code or member of his or her family or household may directly or indirectly benefit or attempt to benefit from his or her position through any purchase, sale or business transaction of the Organization, except as indicated above. No employee, officer or director may work for or on behalf of any organization that competes with, or provides services or seeks to provide services to the MHTA, unless approved by the Board of Directors or its designee, such as the Governance Committee. There are many other situations that could create a conflict of interest and not all conflicts of interest are obvious. Therefore, err on the side of caution and ask if you are not sure. If you have a question about whether something could create a conflict of interest, ask your Board Chair or the Governance Committee.

The undersigned, being a director, officer or member of a committee with board delegated powers of Minnesota High Tech Association (MHTA), hereby acknowledges the following:

I understand that MHTA is a non-profit organization and that in order to maintain its federal tax exemption, it must engage primarily in activities which accomplish one or more of their tax exempt purposes.

The following information concerning conflicts and potential conflicts is true, correct and complete to the best of my knowledge:

A.I, (name)\_

\_\_\_\_ serve

or represent MHTA in the following capacity or capacities: (check all that apply)

Board Member
Executive Committee
Officer
Employee

B. I am a director, officer, employee or legal representative, or I have a material financial or beneficial interest in the following organizations which may have a conflict of interest with MHTA:

Organization:	Title:
	ivity or transaction, nor am I a party to a contract d be found to be adverse to MHTA except for the following:
D. I am not pursing any busing the following:	ess opportunities which might adversely affect MHTA except f
E. I bring to your attention t	following potential conflicts of interest in addition to

those, if any, disclosed in B, C and D above: (If none, insert "None.")

Dated: \_\_\_\_\_

Printed or Typed Name

Signature