

# The Compassion Project Inc.

## Conflict of Interest Disclosure & Acknowledgment Form

### Section 1: Acknowledgment

I have received, read, and understand the Conflict-of-Interest Policy for the Compassion Project Inc. By signing below, I agree to comply with the policy and uphold my duty to act in the best interest of the organization. I understand that the organization is a nonprofit and must engage in fair and ethical practices to maintain its tax-exempt status and public trust.

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### Section 2: Disclosure of Potential Conflicts

Please answer the following to the best of your knowledge:

1. **Do you, or any immediate family member, have a financial interest (ownership, compensation, or investment) in any entity that has or may have a business relationship with the organization?**

☐ Yes      ☐ No

If yes, please explain:

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2. **Do you hold a position as an officer, director, trustee, partner, employee, or consultant for any organization that may have a business relationship with this nonprofit?**

☐ Yes      ☐ No

If yes, please explain:

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3. **Are you currently receiving, or do you expect to receive, compensation (including honoraria, consulting fees, or gifts) from any individual or entity that does or seeks to do business with this nonprofit?**

☐ Yes      ☐ No

If yes, please explain:

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4. **Do you have any other relationships, interests, or activities that could impair your ability to act in the best interest of the organization?**

☐ Yes      ☐ No

If yes, please explain:

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Signature

I certify that the information I have provided is true and complete to the best of my knowledge. I agree to promptly disclose any new potential conflicts of interest that may arise in the future.

**Name (Printed):** \_\_\_\_\_

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

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