

UNITED WAY OF CITRUS COUNTY, INC.

ADMINISTRATIVE POLICY/PROCEDURE MANUAL

GOVERNANCE

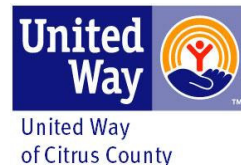
Policy #: G-214	Subject: Conflict of Interest					Page 1 of 2	
Date of Board Approval: June 16, 2004			Supersedes:				
Reviewer: Board President	Reviewed Dates:						

**Policy:** United Way of Citrus County volunteers and staff will ensure that they act in the best interest of United Way and avoid activities that can conflict, or appear to conflict, with their responsibilities and duties to the organization and its stakeholders.

**Procedure:**

United Way volunteers and employees should:

1. Ensure that they do not use their position for personal or financial gain. This includes the use of information-gained either through personal or professional relationships for personal benefit.
2. Ensure that the demographic information from the donor databases is not shared outside the organization.
3. Adhere to policies on soliciting, accepting and disclosing gifts beyond a normal value.
4. Abstain from participating in decision-making that would result in personal or professional benefit.
5. Immediately disclose any actual or potential conflict of interest.
6. Report in writing annually any conflicts of interest (Attachment 1).



## United Way of Citrus County, Inc.

### Conflict of Interest Policy

The standard behavior at the United Way of Citrus County is that all staff, volunteers, and board members scrupulously avoid conflicts of interest between the interests of the United Way on one hand, and personal, professional, and business interests on the other. This includes avoiding potential and actual conflicts of interest, as well as perceptions of conflicts of interest.

I understand that the purposes of this policy are to protect the integrity of the United Way of Citrus County's decision-making process, to enable our constituencies to have confidence in our integrity, and to protect the integrity and reputations of volunteers, staff and board members.

In the course of meetings or activities, I will disclose any interest in a transaction or decision where I (including my business or other nonprofit affiliations), my family and/or my significant other, employer, or close associates will receive a benefit or gain. After disclosure, I understand that I will be permitted to participate in the discussion, but will not be permitted to vote on the question, and I may be asked to leave the room for the vote.

I understand that this policy is meant to supplement good judgment, and I will respect its spirit as well as its wording. I also understand this is an annual requirement for United Way of America Membership Certification.

Member Agency organizations with whom I have a relationship, as of this date **(if none, so indicate)**:

---

---

---

Printed Name: \_\_\_\_\_

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

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

Check one:    Staff    Board Member    Volunteer