

Upper Island Soccer Association Steering Committee **Conflict of Interest Disclosure**

GENERAL

As a:

Please identify your role (select only ONE) below:

Club Representative

UISA-appointed Advisor or Staff Liason

Other: _____
(please specify)

of the *Upper Island Soccer Association's Riptide or Storm Steering Committee*, I must declare any matter or relationship that is or may be reasonably perceived to be a conflict of interest with my responsibilities in my role, as indicated above, with the *Upper Island Soccer Association and the Steering Committee*.

In addition, I understand that I must also indicate in writing all affiliations with other organizations which do business with the *Upper Island Soccer Association and the Riptide or Storm programs*, for example, sales to or purchases from the *Upper Island Soccer Association* of goods and/or services, particularly if these affiliations could provide a personal or perceived benefit to myself or those associated with me.

CONFLICT IDENTIFICATION

Name of affiliated organization(s) and/or nature of the conflict of interest or potential conflict of interest:

REPORTING & DOCUMENTING CONFLICTS

In the case of members of the Steering Committee and the staff, disclosure shall be recorded on this Disclosure Statement and summarized in the Minutes of the Steering Committee and Board of Directors meetings. All conflicts that are reported and recorded will be communicated to the Board of Directors through the publication of these Minutes. Disclosures by Others (as specified), shall be recorded on this Disclosure Statement and provided to *Upper Island Soccer Association* for their records.

Should a new matter or relationship arise during the term of a Steering Committee Member, during the employment of a staff member or while carrying out the duties of Others (as specified), and/or if their service to *Upper Island Soccer Association* changes, that individual is required to immediately file notice of the new matter, relationship or change in status via completing a new Conflict of Interest Disclosure Statement and via verbal declaration at the next Board/Committee meeting, as applicable.

DECLARATION

Please complete the following statement below.

I, _____, confirm that as of _____ the information provided
(print name) (date)
on this Conflict of Interest Disclosure is true and agree that it is valid until my term of office or employment has expired, or until my duties as Other (as specified) are complete, unless otherwise amended.

Signature: _____

<i>Upper Island Soccer Association</i> OFFICE USE ONLY	
Received by:	_____
Date Received:	_____
Position:	_____
Signature:	_____
Date:	_____