



Paxton Campus

601 Catoctin Circle NE
Leesburg, VA 20176
Tel: 703.777.1939
Fax: 703.777.1935
www.paxtoncampus.org

ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM

Name (please print)

Title/Position within the Organization

Date

Staff or Volunteer?

It is the policy of The Arc of Loudoun at the Paxton Campus (the "Organization") to address how issues of actual, potential and perceived conflicts of interest involving trustees, officers, and employees of the Organization should be identified, disclosed and managed. This form is designed to identify and disclose known conflicts in an effort to properly manage them.

I have read The Arc of Loudoun at the Paxton Campus's Conflict of Interest policy approved by the Board of Directors on 1/26/2012 and understand that it is my obligation to act in a manner which promotes the best interests of the Organization and to avoid conflicts of interest when making decisions and taking actions on behalf of the Organization.

My answers to this disclosure form are correctly stated to the best of my knowledge and belief. Should a possible conflict of interest arise in my responsibilities to the Organization, I recognize that I have the obligation to notify, based on my position, the appropriate designated individual (Executive Director or President), and to abstain from any participation in the matter until the Organization can determine whether a conflict exists and how that conflict shall be resolved. If any relevant changes occur in my affiliations, duties, or financial circumstances, I recognize that I have a continuing obligation to file an amended "Conflict of Interest Disclosure Form" with the appropriate designated office.

I understand that the information on this form is solely for use by the Organization and is considered confidential information. Release of this information within the Organization will be on a need-to-know basis only. Release to external parties will be only when required by law and/or federal regulations.

Signature

Date

Paxton Campus...

...maximizes the potential of children while supporting families and individuals with disabilities so that they may thrive in the community.



United Way #8139
CFC #33755
CVC #8150



Paxton Campus

601 Catoctin Circle NE
Leesburg, VA 20176
Tel: 703.777.1939
Fax: 703.777.1935
www.paxtoncampus.org

Please complete the following questions, and submit this form to the appropriate designated individual as noted on the last page of this form.

1. Are you or a member of your immediate family an officer, director, trustee, partner (general or limited), employee or regularly retained consultant of any company, firm or organization that presently has business dealings with the Organization or which might reasonably be expected to have business dealings with the Organization in the coming year?

_____Yes _____No

If yes, please list the name of the company, firm or organization, the position held, and the nature of the business which is currently being conducted with the Organization or which may reasonably be expected to be conducted with the Organization in the coming year:

2. Do you or does any member of your immediate family have a financial interest, direct or indirect, in a company, firm or organization which currently has business dealings with the Organization or which may reasonably be expected to have such business dealings with the Organization in the coming year?

_____Yes _____No

If yes, please list the name of the company, firm or organization, the nature of the interest and the name of the person holding the interest, and the nature of the business which is currently being conducted with the Organization or which may reasonably be expected to be conducted with the Organization in the coming year:

3. Do you or does any member of your immediate family have a financial or personal interest in an entity in which the Organization has a financial or other vested interest. _____Yes _____No

If yes, please provide details below:

Paxton Campus...
...maximizes the potential of children while supporting families and individuals with disabilities so that they may thrive in the community.



United Way #8139
CFC #33755
CVC #8150



Paxton Campus

601 Catoclin Circle NE
Leesburg, VA 20176
Tel: 703.777.1939
Fax: 703.777.1935
www.paxtoncampus.org

4. Have you or an immediate family member accepted gifts, gratuities, lodging, dining, or entertainment that might reasonably appear to influence your judgment or actions concerning the business of the Organization? _____ Yes _____ No

If yes, please provide details below:

5. Do you have any other interest or role in a firm or organization, where that interest or relationship might reasonably be expected to create an impression or suspicion among the public having knowledge of your acts that you engaged in conduct in violation of your trust as a trustee, officer, faculty or staff member? _____ Yes _____ No

If yes, please provide details below:

Please add additional pages as needed.

If any material changes to the responses provided on the annual disclosure form occur before the next form is due, the trustee, officer or employee is required to update the information on this form in writing, and submit the update to the Executive Director for employees or volunteers, to the President for the Board of Directors.

Form received/reviewed by: _____

Remedial Action(s) to be taken:

The Organization Auditor will follow-up on all recommended actions to ensure compliance.

Paxton Campus...

...maximizes the potential of children while supporting families and individuals with disabilities so that they may thrive in the community.



United Way #8139
CFC #33755
CVC #8150