



**GOVERNANCE CHARTER
OF
THE LEE COUNTY CONTINUUM OF CARE (COC)**



Conflict of Interest Disclosure Statement

I have read and am fully familiar with the Lee County Continuum of Care’s Conflict of Interest policy as described in the Governance Charter. Except for the matters listed below, there is no situation in which I am involved in which my decision on behalf of the Lee County Continuum of Care may be influenced by my own gain or advantage, financial or otherwise.

Please describe any existing or potential conflict of interest associated with any particular contract or transaction relating to your role within the Lee County Continuum of Care. If “none,” please indicate in space below.

I agree to promptly, in accordance with the requirements of the Lee County Continuum of Care Governance Charter Section VIII. Code of Conduct and Conflicts of Interest; disclose any additional interest which may arise after the filing of this statement.

Date: _____

Signature

Print Name

Agency Name