



## Conflict of Interest Disclosure Form

The purpose of a Conflict of Interest Policy (this "Policy") is to protect Ascendigo Autism Services, Inc. ("Ascendigo") and its interests by preventing the personal interests of staff or Board members from interfering with the performance of their duties for Ascendigo. This Policy is posted on Ascendigo's website.

A conflict or duality of interest is defined as a situation in which an individual decision-maker has any impediment to being impartial and loyal, such as: (1) a personal, professional, financial, business or volunteer position, responsibility, or interest; or 2) a conflicting duty to another entity where the individual's allegiance may be split between Ascendigo and another organization. An apparent conflict or duality of interest is a situation that causes an observer or third party to question whether the interested person can be objective or impartial because of a competing interest where he or she may have dual allegiances.

All active Ascendigo employees and Board members must disclose the existence of an interest that creates an actual or potential conflict of interest. This disclosure must be made at least annually on this Disclosure Form. Refusal to agree to and sign the form will be deemed a resignation of employment or Board position.

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Position with Ascendigo: (check one box)     Officer     Director     Employee

Describe any and all relationships, business dealings, transactions, positions with other organizations or circumstances that you believe could contribute to a conflict of interest between Ascendigo and your personal interests and loyalties, financial or otherwise. List names of organizations, positions you hold or held, family relationships, etc. Also include on this list any other non-profit organizations on whose board you serve:

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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If you believe you have no potential Conflict of Interest, initial here: \_\_\_\_\_

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I also certify that I have received a copy of, read and understand the Ascendigo Conflict of Interest Policy, and I will abide by it in all my dealings related to Ascendigo.

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

**Please mail, scan or fax the completed form  
to:**

Dan Richardson, Acting CEO  
Ascendigo Autism Services,  
Inc.  
818 Industry Place, Carbondale, CO 81623  
drichardson@ascendigo.org  
fax 970.315.0609