

**Wisconsin Association for Food Protection
(WAFP)**

**BOARD MEMBER'S and OFFICER'S CONFLICT OF INTEREST
STATEMENT**

I, _____ a Board Member or officer of WAFP, affirm that, to the best of my knowledge, neither I, nor any of my affiliates have any financial or other significant personal interest, direct or indirect, that is incompatible with the proper discharge of my fiduciary duties as a member of the Board of Directors or officer of the WAFP or would tend to impair my independence, judgment or action in performance of my duties. I further affirm that, to the best of my knowledge, neither I nor any of my affiliates, is an officer or managing agent of any municipal, state, federal, or private granting or contracting entity that provides or receives funds or other significant benefits to or from WAFP. As used herein, I understand the term "affiliate" to mean any relative, business or professional partner or associate, or other person or entity (including without limitation any corporation or partnership in which I have a personal or financial interest) with whom I have any significant relationship. This acknowledges that I have been provided the current version of WAFP's Conflict of Interest Policy and will adhere to the content as described. Exceptions and disclosures are enumerated below.

Board Member or Officer

Organization

Date

Description of actual or potential conflict follows: