



Early Learning Coalition of Northwest Florida, Inc.  
Board Member Conflict of Interest Statement



A related party may include management, vendors, employees and their immediate families or significant other.

Form covers the time period of/fiscal year of: **2021-2022**

1. Have you or any related party of yours had any direct or indirect transactions with Early Learning Coalition of Northwest Florida, Inc. (ELCNWF) for the past fiscal year of July 1<sup>st</sup> through June 30<sup>th</sup> for the **sale, purchase, exchange or leasing of property?**

No.  Yes. Please describe.

2. Have you or any related party of yours had any direct or indirect transactions with Early Learning Coalition of Northwest Florida, Inc. (ELCNWF) for the past fiscal year of July 1<sup>st</sup> through June 30<sup>th</sup> for the **receiving, furnishing, or subcontracting of services, goods or facilities?**

No.  Yes. Please describe.

3. **Do you have any related parties that are employed by Early Learning Coalition of Northwest Florida, Inc.?**

No.  Yes. Please describe.

4. **Do you presently serve as a member on any other Board of Directors?**

No.  Yes. Please describe.

5. **Do you have any other business relationships that involve ELCNWF?**

No.  Yes. Please describe.

6. **Do you have any business relationships that involve other ELCNWF Board Members?**

No.  Yes. Please describe.

Conflict Descriptions: Please indicate the number and a description of the activity/relationship. Please write on the back of this form if more space is required.

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\_\_\_\_\_  
\_\_\_\_\_

Notwithstanding Section 112.3134, Florida Statutes (Voting Conflicts), no member of a local coalition board may participate or vote upon any measure, which would inure to their special private gain or loss or that of the principal whom they represent. The term *participate* means any attempt to influence the decision by oral or written communication. It is the duty of all members of the local coalition board to make known through verbal or written communication to the Chairperson and the Coalition members of all possible or apparent conflicts and to refrain from voting and/or participation regarding actions to be taken on the item on which they have a conflict of interest.

**Have you abstained from all aforementioned participation and/or voting?**

No. Please describe.  Yes.  N/A

**Have you completed state form 8B 'Memorandum of Voting Conflict' when abstaining from participation?**

No. Please describe.  Yes.  N/A

\_\_\_\_\_

The above answers are correct to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed Name \_\_\_\_\_

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