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**ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT**

Please note: In order to be more comprehensive, this statement of disclosure also requires you to provide information with respect to certain parties that are related to you. These persons are termed “affiliated persons” and include the following:

1. your spouse, domestic partner, child, mother, father, sister, or brother;
2. any corporation or organization of which you are a board member, an officer, a partner, participate in management of or are employed by, or are, directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and
3. any trust or estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

1. Capacity: ☐board of directors

☐officer

☐subcommittee or team member

☐employee (position:     )

☐contractor (position:     )

2. Have you or any of your affiliated persons provided services or property to Minnesota Breastfeeding Coalition in the past year? ☐Yes ☐ No

If yes, describe the nature of the services or property, and if an affiliated person is   
 involved, the identity of the affiliated person and your relationship with that person:

3. Have you or any of your affiliated persons purchased services or property from   
 Minnesota Breastfeeding Coalition in the past year? ☐Yes ☐No

If yes, describe the nature of the services or property, and if an affiliated person is   
 involved, the identity of the affiliated person and your relationship with that person:

4. Have you or any of your affiliated persons had any direct or indirect interest in any business transaction(s) in the past year to which Minnesota Breastfeeding Coalition was or is a party? ☐Yes ☐ No

If yes, describe the transaction(s), and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

5. Were you or any of your affiliated persons indebted to pay money to Minnesota  
 Breastfeeding Coalition at any time in the past year? ☐Yes ☐ No

If yes, describe the indebtedness, and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

6. In the past year, did you or any of your affiliated persons receive, or become entitled to receive, directly or indirectly, any personal benefits from Minnesota Breastfeeding Coalition or as a result of your relationship with Minnesota Breastfeeding Coalition, that in the aggregate could be valued in excess of $1,000, that were not or will not be compensation directly related to you duties to Minnesota Breastfeeding Coalition?

☐ Yes ☐No

If yes, describe the benefit(s), and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

7. Are you or any of your affiliated persons a party to or have an interest in any pending legal proceedings involving Minnesota Breastfeeding Coalition?

☐ Yes ☐No

If yes, describe the proceeding(s), and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

8. Are you aware of any other events, transactions, arrangements, or other situations that have occurred or may occur in the future that you believe should be examined by Minnesota Breastfeeding Coalition’s board in accordance with the terms and intent of Minnesota Breastfeeding Coalition’s conflict of interest policy?

☐ Yes ☐ No

If yes, describe the situation(s), and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

9. As the MBC applies for more grants, we want to start gathering information on the self-identified race and ethnicity of our leadership. As we collect this information, please know it is based on how you identify yourself, it is voluntary, and it will be used only for grant applications and to inform leadership recruitment. The broader purpose is for us to apply our Equity Mirror, to make sure that we have (and can demonstrate for funders) an equitable representation of voices and experiences at the decision-making level related to ethnicity and race.

If you so desire, please list how you self-identify based on race and/or ethnicity.

I HEREBY CONFIRM that I have read and understand the Minnesota Breastfeeding Coalition’s conflict of interest policy and that my responses to the above questions are complete and correct to the best of my information and belief. I agree that if I become aware of any information that might indicate that this disclosure is inaccurate or that I have not complied with this policy, I will notify the board chair (or if she or he is the one with the conflict, then the board chair-elect) immediately.

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Signature Date