Conflict of Interest Disclosure Statement

Note: In order to be more comprehensive, this statement of disclosure/questionnaire 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:

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

1. Name of employee or board member:

_____
(Please print)

2. Capacity:
Board of Directors ☐
Executive Board ☐ position: _____
Staff ☐ position: _____

3. Have you or any of your affiliated persons provided services or property to KAT in the past year?
☐ yes ☐ no

If yes, please 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 purchased services or property from KAT in the past year?
☐ yes ☐ no

If yes, please 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.

_____

_____

5. Please indicate whether you or any of your affiliated persons had any direct or indirect interest in any business transactions in the past year to which KAT was or is a party?
☐ yes ☐ no

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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:

_____

_____

6. Were you or any of your affiliated persons indebted to pay money to KAT at any time in the past year (other than travel advances or the like)?

☐ yes ☐ no

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

_____

_____

7. 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 KAT or as a result of your relationship with KAT, that in the aggregate could be valued in excess of $50.00 that were not or will not be compensation directly related to your duties to KAT?

☐ yes ☐ no

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

_____

_____

8. Are you or any of your affiliated persons a party to or have an interest in any pending legal proceedings involving KAT?

☐ yes ☐ no

I have read KAT's Conflict of Interest Policy set forth above and agree to comply fully with its terms and conditions at all times during my service to the organization. If at any time following the submission of this form I become aware of any actual or potential conflicts of interest, or if the information provided above becomes inaccurate or incomplete, I will promptly notify the Board President & Executive Director in writing.

_____ _____

Signature Date