

CH _____
DTN _____

DATE _____

**ANNUAL CERTIFICATION OF COMPLIANCE WITH
CONFLICT OF INTEREST POLICY** (sample)

Pursuant to s. 496.4055(2), Florida Statutes, _____ has
(Name of Organization/Sponsor)

adopted a policy regarding conflict of interest transactions. All directors, officers, and trustees of the charitable organization hereby certify compliance with the adopted policy.

NAME	SIGNATURE	DATE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____

(continue on additional pages if necessary)