EMPLOYEE CONFLICT OF INTEREST DISCLOSURE STATEMENT

This questionnaire is designed to provide confidential disclosure concerning personal and financial interests and activities of employees in accordance with the Children's of Alabama Conflict of Interest Policy. Please answer with as much detail as necessary to provide full disclosure of all possible conflicts of interest.

*Family* is defined as spouse; child; parent, grandparent, grandchild; great-grandchild; sibling; spouse of child, grandchild, great-grandchild and sibling; in-laws; or an individual living in your home.

1. **FINANCIAL INTERESTS:** Do you or any family members hold a position as officer, director, board member, or key employee, or own a material financial interest in (5% or more of stock) or receive profits from a business that:
   - provides goods, services, or facilities to Children’s, or
   - secures or may secure services from Children’s; or
   - competes with Children’s directly or indirectly?

   YES ☐ NO ☐ If the answer is “yes”, please list and describe:

     ________________________________________________________________
     ________________________________________________________________
     ________________________________________________________________

2. **ACTIVITIES:** Do you or any family members provide managerial or consulting services or actively participate in decision making for any company doing business with or competing with Children’s directly or indirectly?

   YES ☐ NO ☐ If the answer is “yes”, please list and describe:

     ________________________________________________________________
     ________________________________________________________________
     ________________________________________________________________

3. **GIFTS:** Have you or any family members accepted gifts, gratuities, entertainment, or other favors from any company doing business with, seeking to do business with, or competing with Children’s.

   YES ☐ NO ☐ If the answer is “yes”, please list and describe:

     ________________________________________________________________
     ________________________________________________________________
     ________________________________________________________________

4. **PROPRIETARY INFORMATION:** Have you or any family members used or disclosed information relating to Children’s for any purpose other than your direct Children’s responsibilities?

   YES ☐ NO ☐ If the answer is “yes, please list and describe:

     ________________________________________________________________
     ________________________________________________________________
     ________________________________________________________________
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5. OTHER: Do you know of any interests or activities of yourself or any family members which may possibly be regarded as constituting a conflict of interest as described in Children’s Conflict of Interest Policy (i.e., political lobbying, campaigning, volunteering, fundraising, or advocacy groups)?

YES ☐  NO ☐  If the answer is “yes”, please list and describe:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. IF YOU ANSWERED YES TO ANY OF QUESTIONS 1-5, YOU MUST COMPLETE THIS SECTION:

Explain how you intend to manage or resolve the possible conflicts. (Use a separate page if necessary.)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Annual Statement

By signing below, I certify that:
• I have read and agree to comply with Children’s Conflict of Interest policies;
• My answers are accurate to the best of my knowledge;
• I agree to report to Children’s changes in my circumstances that occur prior to completion of my next annual Conflict of Interest Disclosure.

Signature: ___________________________ Date: ___________________________

Printed Name: _______________________

Department: _________________________ Title: ___________________________

SEND COMPLETED FORM TO THE ADMINISTRATOR FOR YOUR DEPARTMENT
(Vice President, Chief Financial Officer, Chief Operating Officer, Chief Executive Officer)

ADMINISTRATIVE REVIEW

Reviewed By: ___________________________ Date: ___________________________