

SAGE Maine

DIRECTOR, COMMITTEE MEMBER AND PRINCIPAL OFFICER
CONFLICT OF INTEREST STATEMENT

I have received, read and understand the Conflict of Interest Policy ("Policy") which applies to directors, members of committees with board delegated powers and officers of SAGE Maine. I agree to comply with the Policy including but not limited to: 1.) disclosure of any potential conflict of interest relating to the subject matter of a meeting of the board of directors or a committee thereof on which I serve; 2.) withdrawal from such meeting during the discussion of, and the vote on, the subject matter that results in the potential conflict of interest; and 3.) adherence to the Policy guidelines for directors and members of committees in matters of compensation.

I understand that SAGE Maine is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

I have read the foregoing policies, understand them and agree to abide by them

NAME _____

SIGNATURE _____ DATE _____

WITNESS _____

SIGNATURE _____ DATE _____