

NORTH BROWARD HOSPITAL DISTRICT

CONFLICT OF INTEREST QUESTIONNAIRE FORM
VENDORS/CONTRACTORS/SUBCONTRACTOR/AGENTS

1. **Outside Interests (Other than investments)** - e.g., holding a position as officer, partner, director, proprietor or otherwise in any business entity which to the best of my knowledge does business with, or competes with, the North Broward Hospital District.

PLEASE CHECK APPLICABLE: None Disclosure (explain below)

2. **Investments** - Having a material interest (including the direct or indirect ownership of the assets or equity of a business entity) in any business entity which to the best of my knowledge does business with or competes with the North Broward Hospital District, or where the opportunity for personal gain is materially increased due to the relationship of the District with the business entity in which there is a material interest.

PLEASE CHECK APPLICABLE: None Disclosure (explain below)

3. **Outside Activities** - e.g., rendering services (including directive, managerial, or consultative) to any business entity doing business, or competing with the North Broward Hospital District.

PLEASE CHECK APPLICABLE: None Disclosure (explain below)

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4. **Inside Information** - e.g., using or disclosing information relating to the North Broward Hospital District's business, not available to members of the general public and gained by reason of declarant's affiliation with the North Broward Hospital District, for the personal gain or benefit of the declarant.

PLEASE CHECK APPLICABLE:

None

Disclosure (explain below)

I have read the referenced resolution regarding disclosure of conflict of interest, and agree to abide by the provisions thereof. **I acknowledge that the disclosure of conflicts of interest or potential conflicts is an ongoing obligation and further agree to disclose any changes to these answers. I further acknowledge that a failure to disclose or to resolve conflicts is a violation of the Code of Conduct and Ethics of the Commissioners of the North Broward Hospital District.** I have disclosed to the best of my knowledge any potential conflict of interest in the comment's section (above) or have attached additional documents. I understand that my deliberate failure to make a full disclosure of any potential conflict of interest may constitute cause for the immediate termination of all Agreements.

Date

Signature

Title

Business Name