

**CONFLICT OF INTEREST FORM**

**KCTCS BOARD OF REGENTS**

### Policy Reference: Board of Regents Conflict of Interest Policy No. 5.2

### References: KRS 45A.340, KRS 164.390

## SECTION 1: Regent Information

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Disclosure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position on Board: [ ] Appointed [ ] Elected

## SECTION 2: Disclosure of Potential Conflict

Please answer the following questions. If you answer “Yes” to any, provide a detailed explanation in Section 3.

1. Do you have any existing or potential financial or other interests that could impair or reasonably appear to impair your independent, unbiased judgment in your role as a Regent?
 ☐ Yes ☐ No
*Examples include but are not limited to: serving on the board of another nonprofit or for-profit organization; holding a financial interest in a company that does business with KCTCS; receiving compensation from an entity that may be affected by Board decisions.*

2. Are you aware of any such interests held by a family member (spouse, parent, sibling, child, or other relative residing in your household)?
 ☐ Yes ☐ No

3. Are you or a family member an officer, director, employee, member, partner, trustee, or controlling stockholder in any organization that may have dealings with KCTCS or its colleges?
 ☐ Yes ☐ No

4. Have you acted or advocated in a way that may be construed as against the best interests of KCTCS or one of its colleges?
 ☐ Yes ☐ No

## SECTION 3: Explanation of Disclosures

If you answered “Yes” to any question above, please describe the nature of the conflict, including names of individuals or organizations involved, your relationship to them, and any relevant dates or circumstances:

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## SECTION 4: Acknowledgment and Certification

I acknowledge that I have read and understand the KCTCS Board of Regents Conflict of Interest Policy 5.2. I agree to comply with the policy and to promptly disclose any future conflicts of interest in accordance with its provisions.

I further certify that the information provided above is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_