

Conflict of Interest Statement

Solano Community College Educational Foundation

This form is to be completed by Board, committee members, and staff. This form is to be submitted to the Director or his or her designee upon being elected to the Board or a committee. Thereafter, it is to be updated and submitted by **June 30th** of each year. It will be available for inspection by the public upon written request, provided that requestor provides proof of identity.

Please print or type. Use the back or additional sheets if needed.

1. Name	
2. Position	
3. Employer	
3. Participation in business ventures by you or your family (including partnerships, limited liability companies and shares in closely held companies) with a person or organization residing in or doing business in Solano County that might be a conflict of interest – List business name/address.	
4.a.	
4.b.	
4.c.	
5. Individual business relationships by your or your family with a person or organization residing in or doing business in Solano County that might be a conflict of interest – List name/address.	
5.a.	
5.b.	
5.c.	

I hereby acknowledge that the above is complete and accurate to the best of my knowledge. I affirm that I have read, understand, and agree to comply with the SCCEF Conflict of Interest Policy, and that I will adhere to my duties of loyalty, care, and confidentiality to SCCEF as described in the Conflict of Interest Policy.

Signed: _____ Date Signed: _____

Submit Initial Annual

Approved at the Executive Committee meeting on April 14, 2026
Approved by the Board of Directors on April 28, 2026