Community Care of West Niagara
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2026 Disclosure of Conflicts of Interest

CCWN Governance Policies and Procedures – Policy 506

I, _____ acknowledge having received access to and read a copy of Community Care of West Niagara's Conflict of Interest Policy for Members of the Board of Directors.

Please list below any potential conflicts of interest you may have in relation to your role as a Director of Community Care of West Niagara. Please include the following in the list:

1. Any organizations (other non-profits/charities, funders, businesses) in which you, or an immediate family member participates in, that has, or may have, a relationship with or be in competition or perceived competition with Community Care of West Niagara.

2. Any other potential conflicts of interest of which you are aware.

Name: _____

Signature: _____

Date: _____