



Minnesota Alliance on Crime Annual Conflict of Interest Declaration

To : Minnesota Alliance on Crime Board of Directors and Executive Director

I hereby declare that :

- I have no actual or perceived conflicts of interest pertaining to any MAC member program, stakeholder, or vendor that interferes with my duties as a member of the Board of Directors for the Minnesota Alliance on Crime.

- I have an actual or perceived conflict of interest pertaining to a MAC member program, stakeholder, or vendor that could interfere with my duties as a member of the Board of Directors for the Minnesota Alliance on Crime.

The details of actual or perceived conflict of interest is stated below :

I also acknowledge that I shall make another declaration to state any change in any matter contained in this declaration within one month after the change occurs and shall provide further information on the particulars contained in this declaration.

Signature : _____

Name : _____

Date : _____

Note:

- (a) Please put a "✓" in the appropriate box
- (b) Please continue on supplementary sheet if necessary