



# Midwestern Chapter International Society of Arboriculture



## Chapter Governance Conflict of Interest Form

**Introduction.** The Midwestern Chapter - International Society of Arboriculture (MW-ISA) is professional organization dedicated to the professional practice of arboriculture. MW-ISA serves the arboricultural profession as a non-profit corporation providing services and information to its members and to the general public. It is the intent of MW-ISA to carry out its activities consistent with the highest ethical and professional standards on behalf of the best interests of its members.

**Purpose.** The primary purpose of the Conflict of Interest policy is to protect this tax-exempt organization's interests in various circumstances, including situations where MW-ISA is contemplating entering into a transaction or arrangement that might benefit the private interest of a Board of Directors member or other MW-ISA representative of the organization. This policy is intended to supplement and support any applicable State laws governing conflicts of interest applicable to nonprofit and charitable organizations.

**Definition.** A Conflict of Interest is defined as a direct or indirect relationship, with any person(s), firms or entities which might affect, or might reasonably be thought by others to affect, the judgment or conduct of a Board of Directors member or other MW-ISA representative, including matters involving an appearance of an impropriety (Conflict of Interest matter). A Conflict of Interest matter would include any situation in which an individual has a private, personal, business, or other organizational interest sufficient to influence, or appear to influence, the objective exercise of his or her official duties as a Board of Directors member or other MW-ISA representative. All references herein to "Interested Party" shall be construed to refer to these individuals.

**Statement of Policy.** No Interested Party shall use his or her position, or the knowledge gained thereof, in such a manner that a conflict arises or may exist between the interest of MW-ISA and his/her personal interest. In addition, Interested Parties may not engage in transactions or other activities involving an appearance of impropriety. Accountability to MW-ISA supersedes any conflicting loyalty or responsibility, such as loyalty to another organization or business, membership on other boards, and professional responsibility to an employer. Each Interested Party has a duty to place the interest of MW-ISA foremost with respect to any Board of Directors or other MW-ISA representative matter or activity, and has a continuing responsibility to comply with the requirements of this policy.

**Disclosure and Resolution Procedures.** An Interested Party must disclose any actual or possible Conflicts of Interest matter to the President and Board of Directors. An Interested Party may make a presentation at the appropriate meeting. In the event that it is determined that a Conflict of Interest matter exists, the Interested Party shall recuse himself or herself, without comment, from all voting and from the entire deliberation. The Interested Party will not be entitled to receive any further confidential information or materials concerning the matter. If the Board of Directors has reasonable cause to believe that an Interested Party has failed to disclose actual or possible conflicts of interest, it shall inform the individual of the basis for such belief and afford the individual an opportunity to explain the alleged failure to disclose.

**Records of Proceedings.** Minutes of meetings should reflect that a disclosure was made and document when an Interested Party did not vote, and was recused from the discussion and decision of an issue.

**Disclosure Requirement.** Annually, the Board Directors or other MW-ISA representatives shall disclose any direct or indirect relationships and activities, financial or otherwise with other organizations or persons that may during their service to MW-ISA, be involved with MW-ISA. During the year, should a situation arise in which an Interested Party may stand to derive a personal gain or benefit from a transaction with MW-ISA, such individual shall give notice of such interest or relationship and shall, therefore, refrain from voting or attempting to affect any decision for MW-ISA to participate, or not participate, in the transaction.

### Member States

**KANSAS MISSOURI NEBRASKA OKLAHOMA**



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## Chapter Governance Policy Conflict of Interest - Form

By signing below, I hereby agree to abide by the MW-ISA Conflict of Interest Policy. In addition, I understand and agree that I will provide the information required by this agreement to the MW-ISA President and Executive Director in a complete and accurate manner.

I will identify and disclose all arboriculture related organizations and businesses, other than MW-ISA, with which I am affiliated as part of this agreement (Item 1, below).

I will identify and disclose, in a timely manner, my direct or indirect participation in any arrangement, agreement, investment, relationship, or other activity with any other party doing business with MW-ISA that has resulted in, or could result in, personal benefit to me, my business, or my family as part of this agreement (Item 2, below).

I will identify and disclose, in a timely manner, my direct or indirect receipt of any payments, loans, gifts, services, discounts, or other benefit, or any promise of such benefit, of any kind, from, or on behalf of, any person or organization engaged in any transaction, activity or relationship with MW-ISA as part of this agreement (Item 3, below).

I will identify and disclose, in a timely manner, any other activities, circumstances, or positions held with other organizations not otherwise disclosed which may be considered to be a potential conflict of interest or may otherwise create an appearance of impropriety as part of this agreement (Item 4, below).

1. Please identify all required disclosure organizations and businesses. If none, please state "None" below.

2. Please identify all required disclosure activities. If none, please state "None" below.

3. Please identify all required disclosure benefits. If none, please state "None" below.

4. Please identify all other required disclosure circumstances. If none, please state "None" below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### Member States

**KANSAS MISSOURI NEBRASKA OKLAHOMA**