



COFFIN-LOWRY SYNDROME FOUNDATION ANNUAL CONFLICT OF INTEREST STATEMENT

ANNUAL CONFLICT OF INTEREST STATEMENT TO BE COMPLETED AND SIGNED BY ALL MEMBERS OF THE BOARD OF DIRECTORS AND OFFICERS OF COFFIN-LOWRY SYNDROME FOUNDATION (CLSF)

1. Name _____ Date _____

2. Position _____

Are you a voting member of the Board of Directors of the CLS Foundation? Yes___ No___

Are you an officer? Yes___ No___

If you are an officer, which officer position do you hold: _____

3. Affirmations

I hereby affirm the following (*please initial*):

_____ I have received a copy of the CLSF Conflict of Interest policy

_____ I have read and understand the policy

_____ I agree to comply with the policy

_____ I understand that the CLSF is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its stated tax-exempt purposes

4. Disclosures

a. Do you have any material financial interest (current or potential), including any compensation arrangement, as defined in the CLSF Conflict of Interest policy?

Yes___ No___

If Yes, please describe this material financial interest:

If Yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes___ No___

- b. In the past, have you ever had a material financial interest, including a compensation arrangement, as defined in the CLSF Conflict of Interest policy?
Yes___ No___

If Yes, please describe this material financial interest, including when (approximately) this material financial interest occurred:

If Yes, has the financial interest been disclosed, as provided in CLSF's Conflict of Interest policy? Yes___ No___

- c. Are you employed by, or do you belong to an organization, that takes public positions on public policy issues affecting the CLSF the rare disease community, or its interests?
Yes___ No___

If Yes, please describe this policy interest

If Yes, has this policy interest been disclosed, as provided in CLSF Conflict of Interest policy? Yes___ No___

1. Are you an independent director, as defined in in the CLSF Conflict of Interest policy? Yes___ No___

If you are not an independent director, please explain

2. Please describe below any other relationships, positions, or circumstances that you believe could constitute possible forms of conflict of interest not otherwise addressed above, If the answer is none, please write the word "none" below.

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

I have reviewed, and agree to abide by, the CLSF policy on conflicts of interest in effect as the data of signature of this document.

Signature of responsible person: _____ Date: _____

Date of Review by Executive Committee: _____