

FLORIDA ASSOCIATION OF SCHOOL ADMINISTRATORS, INC.

Conflict of Interest Policy and Disclosure Form

Members of the Board of Directors of the Florida Association of School Administrators ("FASA"), officers, and key employees each have an affirmative obligation to act at all times in the best interests of FASA. This policy serves to define the term "conflict of interest," to assist members of the Board, officers, and key employees in identifying and disclosing such conflicts, and to minimize the impact of such conflicts on the actions of FASA whenever possible. (Collectively, this policy will refer to directors, officers, and key employees as "Covered Officials.")

Fiduciary duty. Each Covered Official has a fiduciary duty to conduct himself or herself without conflict to the interests of FASA. When acting within his or her capacity as a Covered Official, he or she must subordinate personal, business, third-party, and other interests to the welfare and best interests of FASA.

Conflict of interest defined. A "conflict of interest" is any transaction or relationship which presents, or may present, a conflict between a Covered Official's obligations to FASA and his or her personal, business, or other interests.

Disclosure. The Board of Directors recognizes that conflicts of interest are not uncommon, and that not all conflicts of interest are necessarily harmful to FASA. However, the Board requires full disclosure of all actual and potential conflicts of interest. Each Covered official shall disclose any and all facts that may be construed as a conflict of interest, both through an annual disclosure process and whenever such actual or potential conflict occurs.

Process and remedy. The Board of Directors will determine whether or not a conflict of interest exists, and whether or not such conflict materially and adversely affects the interests of FASA. A Covered Official whose potential conflict is under review may not debate, vote, or otherwise participate in such determination. If the Board of Directors determines that an actual or potential conflict of interest does exist, the Board shall also determine an appropriate remedy. Such remedy may include, for example, the recusal of the conflicted Covered Official from participating in certain matters pending before the Board or other FASA body.

Delegation. The Board of Directors may delegate its authority to review and remedy potential conflicts of interest to the Florida Association of School Administrators (FASA) Board of Directors. Only disinterested members of the FASA Board of Directors may participate in any such review. The FASA Board of Directors shall inform the FASA Board of its determination and recommended action. The Board shall retain the right to modify or reverse such determination and action, and shall retain the ultimate enforcement authority with respect to the interpretation and application of this policy.

Annual disclosure process. On an annual basis, each member of the Board of Directors shall be provided with a copy of this policy, and shall complete and sign the acknowledgment and disclosure form below.

FLORIDA ASSOCIATION OF SCHOOL ADMINISTRATORS BOARD OF DIRECTORS

Annual Statement of Disclosure

I, _____ (name printed), have read the Conflict of Interest Policy of FASA.

To the best of my knowledge and belief, neither I nor any person or organization with which I have a personal or business relationship is engaged in any transaction or activity that may represent a conflict with my obligations to FASA.

To the best of my knowledge and belief, neither I nor any person or organization with whom I have a personal or business relationship intends to engage in any transaction, to acquire any interest in any organization or entity, or to receive any substantial gift or favor that may represent a conflict with my obligations to FASA.

To the best of my knowledge and belief, I do not expect to receive compensation from FASA, or to receive in excess of \$10,000 annually from FASA for services I provide to FASA as an independent contractor, other than reimbursement of reasonable expenses.

To the best of my knowledge and belief, no member of my family expects to receive any compensation or material financial benefit from FASA.

To the best of my knowledge and belief, I have no family relationship or business relationship with any current member of the Board of Directors, any officer, or any key employee of FASA.

Any exceptions to the statements made herein are disclosed in full below.

Without Exception ____ (initial)

With Exception as Described Below ____ (initial)

Signature _____ Date _____