Sahana Software Foundation Annual Conflict of Interest Statement
(paper form)

1. Name: _______________________________ Date: ______________________

2. Position:
   Are you a Director? YES NO
   Are you an Officer? YES NO
   If you are an Officer, which position do you hold: _________________________
   Are you an employee? YES NO
   Are you a member of an Executive or Project Management Committee? YES NO
   If you are a member of a committee, which one(s)? _________________________

3. I affirm the following:
   I have received a copy of the Sahana Software Foundation’s Conflict of Interest Policy. _____ (initial)
   I have read and understand the policy. _____ (initial)
   I agree to comply with the policy. _____ (initial)
   I understand that the Sahana Software Foundation is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more tax-exempt purposes. _____ (initial)

4. Disclosures:
   a. Do you have a financial interest (current or potential), including a compensation arrangement as defined in the Conflict of Interest policy with the Sahana Software Foundation? YES NO
      
      i. If YES, please describe it: ________________________________
      ii. If YES, has the financial interest been disclosed, as provided in the Conflict of Interest policy? YES NO

   b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with the Sahana Software Foundation? YES NO
      
      i. If YES, please describe it, including when: __________________________
      ii. If YES, was the financial interest disclosed, as provided in the Conflict of Interest policy? YES NO

_______________________________ Date: ______________________
Signature

Date of Review by Financial Oversight Committee: ______________________