Conflict Of Interest Policy

It would be very difficult, or perhaps impossible, for HIAS to recruit competent staff members who are entirely free of potential conflicts of interest with HIAS. The best way to protect HIAS either directly or indirectly from actual or perceived conflicts of interest is for HIAS to require all staff to disclose apparent or potential conflicts of interest in advance. With this information in hand at the outset, HIAS can take appropriate action to prevent the conflict of interest from tainting the decision-making process or reputation of HIAS.

A potential Conflict of Interest exists for a staff person when s/he:

I. directly or indirectly (i.e. through a family member, meaning a spouse, partner, child, grandchild or siblings) does or seeks to do business with, or receives or seeks to receive anything of value from, HIAS, a HIAS fund, or an affiliated program agency;
II. has a direct or indirect ownership interest or investment in an organization doing or seeking to do business with, or receiving or seeking to receive anything of value from, HIAS, a HIAS funder or an affiliated program agency;
III. receives anything of value from any person or organization who does or seeks to do business with HIAS, a HIAS funder or an affiliated program agency; or
IV. is an officer, director, influential employee or consultant of a HIAS funder, an affiliated program agency, or a beneficiary agency.

All staff shall submit an initial written disclosure statement. In addition to the initial disclosure statements, staff must continually disclose potential conflicts of interest throughout his/her employment. See reverse, for the initial disclosure signature page.

Failure of any staff to comply with this Conflict of Interest Policy at any time in his/her employment, including but not limited to failure to timely submit disclosure statements, may be grounds for dismissal or other disciplinary action.

Adopted by vote of the Board of Directors of HIAS, Inc.
I, ____________________________________________________________, certify that:

1. I understand and agree to comply with the HIAS Conflict of Interest Policy.

2. Neither I nor, to the best of my knowledge, any of my family members is now, or has during the past twelve (12) months been, involved in any activities or circumstances that constitute a Conflict of Interest, except as specifically described below:

   Fully describe any Conflict of Interest involving you or your Family Members. Attach additional pages, if necessary. If “none”, so state.

   __________________________________________________________
   __________________________________________________________

   Fully describe any facts or circumstances that you wish reviewed in order to determine whether or not such facts or circumstances constitute a Conflict of Interest. Attach additional pages, if necessary. If “none”, so state.

   __________________________________________________________
   __________________________________________________________

Signature: ___________________________ Date: __________________

Printed Name: ___________________________