CONFLICT OF INTEREST DISCLOSURE STATEMENT

I acknowledge that I have read the Conflict of Interest Policy of Disability Rights Texas. Consistent with policies established by the Board of Directors of Disability Rights Texas, I hereby certify that the following is a true and complete disclosure of my relationships to entities which have the potential of creating an actual or apparent conflict for me in carrying out my responsibilities as a member of the Disability Rights Texas Board. I will promptly inform the Disability Rights Texas Board of Directors of any material change that develops in the information contained in this statement.

As used in this disclosure, the term "entities" means businesses, agencies, organizations, or groups of any kind and "immediate family member" means a person in any of the following relationships: spouse, parent or step-parent, child or step-child, sibling, or grandparent.

[Please answer each question, writing "none" if that is your answer.]

1.____I am an employee, officer, or director of the following organizations or other entities that have a mission or purpose primarily related to persons with disabilities which include but is not limited to an agency or entity that provides treatment, service, or habilitation to persons with disabilities.

Names of organizations or other Entities, the nature of your relationship to them, and the Mission or Purpose of each:

_____
_____
_____.

2.____I am a member who regularly attends meetings or donates substantially to the following organizations or other entities that have a mission or purpose primarily related to persons with disabilities which includes but is not limited to an agency or entity that provides treatment, services or habilitation to persons with disabilities.

Names of organizations or other Entities, the nature of your relationship to them, and the Mission or Purpose of each:

_____
_____
_____.

3.____A member of my immediate family is an employee, officer, or director of the following organizations or other entities that are primarily related to persons with disabilities, which

includes but is not limited to an agency or entity that provides treatment services or habilitation to persons with disabilities.

Names of organizations or other Entities, the nature of your family member's relationship to them, and the Mission or Purpose of each:

_____

_____.

4.____I am or a member of my immediate family is an employee, officer, or director, or has an ownership interest in any public or private entity or business which receives a grant from and/or contracts directly with Disability Rights Texas or offers goods or services of which Disability Rights Texas is a potential customer.

Name of Business	**Type of Business**	**Relationship**
_____	_____	_____
_____	_____	_____

5.____I am or a member of my immediate family is an employee, officer or director, or has an ownership interest in the following other group, organization, business or agency which a reasonable person might consider or construe as having the potential to create conflict of interest situations for me in my capacity as a Board member of Disability Rights Texas:

Name of Business	**Type of Business**	**Relationship**
_____	_____	_____
_____	_____	_____

6.____I am or a member of my immediate family is a client of Disability Rights Texas. Name of immediate family member represented by Disability Rights Texas:

7.____To the best of my knowledge, neither I nor any member of my immediate family is an employee, officer, director, or has a significant ownership interest in any other types of businesses, organization, agencies, or groups covered by the above questions.

_____
Board Member (Print Name)

_____
Signature

_____
Date