

**N E W J E R S E Y S C H O O L B O A R D S
A S S O C I A T I O N**

GOVERNANCE & OPERATIONS
8318E

FILE CODE: GO/

GOVERNANCE PROCEDURES
BOARD OF DIRECTORS

Code of Conduct/Conflict of Interest

At its Annual Planning Meeting, copies of the Code of Conduct for NJSBA Boards of Directors and other relevant policies shall be distributed. Each member will review the Code of Conduct, fill out the following conflict of interest questionnaire and sign and return the certification below that he/she has read and will adhere to the relevant policies.

Please answer all questions. Attach additional sheets if necessary.

(1) List the name and address of all **business organizations** in which you or your spouse held an interest during the preceding calendar year.

Name of Busn. Organization	Address of Busn. Organization	Name of Interest Holder	Relationship

(2) Are you or your spouse a **party to a contract** with NJSBA or any entity doing business with NJSBA? If so, please set forth:

Name	Relationship	Nature of Contract	District/Charter School

(3) Do you or your spouse **receive income from or have any interest in any business** which is a party to a contract with the NJSBA? If so, list the name of each business.

Name	Relationship	Business	District/Charter School

(4) Are you currently serving in a position or have you accepted appointment to a position in which there may be an ongoing direct conflict of interest with your Board of Directors membership which cannot be cured by abstention?

Name of Busn. Organization	Address of Busn. Organization	Position	Nature of Conflict

NEW JERSEY SCHOOL BOARDS
ASSOCIATION

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I, _____, hereby certify that I have read the attached NJSBA Board of Directors Code of Conduct and conflict of interest policies (GO/8312 **Conflict of Interest**; GO/8318 **Code of Conduct**) and Article VI, Sections 2 and 8 of the NJSBA Bylaws. I further certify that I will adhere to these policies and that this Board of Directors Conflict of Interest Questionnaire contains no willful misstatement of fact or omission of material fact. I further certify that the statements made herein are true, complete and correct to the best of my knowledge and belief.

Director/Alternate Signature

Date

Rationale: Simplifies the Code of Conduct/Conflict of Interest questionnaire required to be completed by the Board of Directors.

