	at I have received and hool's Conflict of Intere		, and agree to abide by cy 2.17.
[Please check one of t	he following.]		
of my family, that are the School's conflict	or may be perceived a	s a conflict of intere neither I, nor a m	nvolving me, or a member est within the meaning of ember of my family, are kely to do business.
or			
member of my family interest within the raffiliations such as rel	that are or may be p meaning of the School	erceived as a conflic l's conflict of intere es or potential grante	ances involving me, or a ct or potential conflict of est policy, including the es, contractors, or others
Organization Name	Person With Conflict	Relation to Employee	Nature of Affiliation
The Village KC	Di'Anna Saffold	I am the Found	rship/Sponsorship- der/Executive Director
BOARD MEMBER NAME BOARD MEMBER SIGNA DATE: 8/30/2021 SUPERINTENDENT SIGN	TURE:	a J. Saffold	
DATE:			

I acknowledge that Brookside Charter Sch			and agree to abide by 2.17.
[Please check one of the	e following.]		
of my family, that are	or may be perceived a f interest policy, and	is a conflict of intere neither I, nor a mo	volving me, or a member st within the meaning of ember of my family, are kely to do business.
or			
member of my family, interest within the m	that are or may be peaning of the School tionships with grantee	erceived as a conflict l's conflict of intere es or potential grante	ances involving me, or a et or potential conflict of st policy, including the es, contractors, or others
Organization Name	Person With Conflict	Relation to Employee	Nature of Affiliation
BOARD MEMBER NAME (BOARD MEMBER SIGNAT	PRINTED): Eric Sig	pes	
DATE: 9/1/2021	URE:	<u> </u>	
SUPERINTENDENT SIGNA	TURE:		
DATE:			

I acknowledge the Brookside Charter S	nat I have received and chool's Conflict of Interes	read, understand, st Policy, Board Polic	and agree to abide by cy 2.17.
[Please check one of	the following.]		
of my family, that at the School's conflict	re or may be perceived as	s a conflict of intere neither I, nor a m	evolving me, or a member est within the meaning of ember of my family, are kely to do business.
or			
member of my familinterest within the affiliations such as re	y, that are or may be po meaning of the School	erceived as a conflic 's conflict of intere s or potential grante	ances involving me, or a ct or potential conflict of est policy, including the es, contractors, or others
Organization	Person With Conflict	Relation to Employee	Nature of Affiliation
Robinelli	Connect	Prov	ided counsel to kgide in connection n tax credit iranabe in 2019 sud/o
		2020	. No werest work
		ong	oing.
BOARD MEMBER NAM BOARD MEMBER SIGN DATE: 9 1 20 SUPERINTENDENT SIGN DATE:	NATURE:	g Kohving	

	at I have received and chool's Conflict of Intere		and agree to abide by cy 2.17.
[Please check one of t	the following.]		
of my family, that are the School's conflict	e or may be perceived a	as a conflict of intere neither I, nor a m	avolving me, or a member est within the meaning of ember of my family, are kely to do business.
or			
member of my family interest within the affiliations such as re	y, that are or may be p meaning of the Schoo	perceived as a conflict of intere es or potential grante	ances involving me, or a et or potential conflict of est policy, including the es, contractors, or others
Organization Name	Person With Conflict	Relation to Employee	Nature of Affiliation
BOARD MEMBER NAME	/ / /	erryt	NJMGh
BOARD MEMBER SIGNADATE:	ATURE: 2		John V
SUPERINTENDENT SIGN	NATURE:		
DATE:			

I acknowledge that I have received and read, understand, and agree to abide by Brookside Charter School's Conflict of Interest Policy, Board Policy 2.17.			
member of my family, meaning of the Schoo	t of my knowledge, no c that are or may be per	ceived as a conflict policy, and neither	of interest within the I, nor a member of my
member of my family, interest within the naffiliations such as rela	, that are or may be peneaning of the School	erceived as a conflic 's conflict of intere s or potential grante	ances involving me, or a ct or potential conflict of est policy, including the es, contractors, or others
Organization Name	Person With Conflict	Relation to Employee	Nature of Affiliation
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BOARD MEMBER NAME BOARD MEMBER SIGNA DATE: 9/1/2021 SUPERINTENDENT SIGNA DATE:	V 00000 (1	Mille	