Board Member Conflict of Interest Form

I acknowledge that Brookside Charter Scho	I have received and re ol's Conflict of Interest P	ead, understand, a Policy, Board Policy	and agree to abide by 2.17.
[Please check one of the	following.]		
of my family, that are o the School's conflict of	my knowledge, no circu r may be perceived as a interest policy, and ne	conflict of interest ither I, nor a men	within the meaning of mber of my family, are
affiliated with an organi	zation with which the So	chool does or is like	ely to do business.
or			
member of my family, to interest within the me affiliations such as relat	my knowledge, there d that are or may be perc aning of the School's ionships with grantees o loes or is likely to do bus	eived as a conflict conflict of interest r potential grantees	or potential conflict of policy, including the
Organization	Person With	Relation to	Nature of Affiliation
Name	Conflict	Employee	
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			Brooksdeid
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		hot	personally windered.
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BOARD MEMBER NAME (I	PRINTED): Nag M	. Kohving	
BOARD MEMBER SIGNAT	URE:		
DATE: 9 2020 SUPERINTENDENT SIGNAT	rure:		
DATE:)		
2 111 20			