

**PART II: Annual Pikes Peak Pickleball Association Conflict of Interest Certification and Disclosure**

Name: \_\_\_\_\_ Reporting Period: July-June

PPPA Position (e.g., Officer/Director): \_\_\_\_\_

**Certification**

By signing this form below, I certify that:

1. I have received a copy of the organization’s conflicts of interest policy (PART I);
2. I have read and understand the policy;
3. I agree to comply with the policy and have signed PART I;
4. I agree to report promptly any changes in the information reported on this form, or any new information relevant to a conflict of interest; and
5. I understand that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities that accomplish one or more of its exempt purposes and not engage in activities and transactions that provide impermissible benefits to other individuals or entities.

**Conflict of Interest Disclosure**

Please certify below that you either have nothing to report under the Pikes Peak Pickleball Association’s conflicts of interest policy (PART I), or describe below anything you believe could give rise to an actual, possible, or appearance of a conflict of interest under the policy:

\_\_\_\_ I have nothing to report.

\_\_\_\_ I have the following matters to report.

1. Please specify below any matters you have to report.

(Please attach a supplemental statement if you have additional matters to disclose.)

2. For the purposes of determining possible future conflicts of interest, please specify other nonprofit and for-profit boards on which you and/or your spouse sit, any for-profit businesses for which you or a family member is an officer, a director, or a majority shareholder, and the name of your employer and any businesses you or a family member own.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

(Attach a supplemental statement for any additional actual, possible, or perceived conflicts of interest.)

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_