



STANDARD PROCEDURE: Michigan ENA Conflict of Interest Policy

I. PURPOSE:

- A. The purpose of the conflict of interest policy is to protect the interests of this tax-exempt organization, Michigan ENA (MENA), when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of MENA or might result in a possible excess benefit transaction.
- B. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

II. Definitions

A. Interested Person

- 1. Any director, principal officer, or member of a committee with governing board-delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.

B. Financial Interest

- 1. A person has a financial interest in the person has, directly or indirectly, through business, investment, or family:
 - a. An ownership or investment interest in any entity with which MENA has a transaction or arrangement,
 - b. A compensation arrangement with any entity or individual with which MENA has a transaction or arrangement, or
 - c. A proposal ownership or investment interest in, or compensation arrangement with, any entity or individual with which MENA is negotiating a transaction or arrangement. Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.
 - d. Each board member or committee chair will sign a conflict of interest disclosure annually.

A financial interest is not necessarily a conflict of interest. Under Article III, Section C, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

III. Procedure

- A. In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the Michigan ENA State Council and other persons with governing board delegated powers considering the proposed transaction or arrangement.
- B. Disclosure will be made both verbally and in writing at the meeting of the State Council.
- C. The remaining Board or Committee members shall decide if a conflict of interest exists.
- D. After disclosure of the financial interest and all material facts, and after any discussion with the interested person, she/he shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon.

V. Signature: _____ Date: _____

State Council President

CONFLICT OF INTEREST DISCLOSURE STATEMENT

Instructions for completing questionnaire:

Please read the attached Michigan Emergency Nurses Association Conflict of Interest Policy Statement before completing this questionnaire. If additional space is needed for answering a question, please attach an additional sheet and indicate the number of the question which is being answered. The terms "family relationship" and "immediate family" as used herein, refer to any parent, spouse, domestic partner or child. The term "affiliate" means any organization that directly or indirectly through one or more intermediaries, controls or is controlled by, or is under common control with the Association.

If any item is inapplicable, answer "none" or "n/a" as appropriate.

After completing the questionnaire, please sign and date it and return it to the Association.

I. NAME AND BACKGROUND INFORMATION

- A. Name:
Address:
Position with Association:

- B. I hereby state that I or members of my immediate family have the following affiliations or interests and have taken part in the following transactions that, when considered in conjunction with my position with or relation to the Emergency Nurses Association ("Association") or any of its affiliates or subsidiaries, might possibly constitute a conflict of interest. (Check "none" where applicable.)

II. OUTSIDE INTERESTS

- A. Identify any position held by yourself or a member of your immediate family in any outside concern from which the Association or any of its subsidiaries or affiliates secures goods or services or that provides services competitive with the Association or any of its subsidiaries or affiliates.
- B. (_____) None

III. INVESTMENTS

- A. List and describe, with respect to yourself or a member of your immediate family, all investments that might be considered a "material financial interest", as described below:
- 1) Capital stock, obligations, or a combination of both, of any concern the capital stock or obligation of which are listed on any nationally recognized securities exchange, having an aggregate value in excess of \$500,000;
or
 - 2) Any interest in any other outside concern, with the exception of the holding of indebtedness; or
 - 3) Holding of indebtedness of any outside concern, other than those mentioned in subparagraph A above, in any amount in excess of \$100,000.
- B. (_____) None

IV. OUTSIDE ACTIVITIES

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- A. List any other activities in which you or your immediate family are engaged that might be regarded as constituting a conflict of interest, giving particular attention to activities rendered as a director, manager, consultant or employee of any outside concern that does business with or competes with the Association or any of its subsidiaries or affiliates, and to activities in which it would be possible to disclose or use information relating to the Association or any of its subsidiaries or affiliates for your advantage or of that of a member of your immediate family.
- B. (_____) None

V. GIFTS, GRATUITIES AND ENTERTAINMENT

- A. List and describe any gifts, gratuities or entertainment that you or members of your immediate family have received from any person or outside concern that does business, hopes to do business, or competes with the Association or any of its subsidiaries or affiliates. (If you have received such benefits, please approximate their value. Do not list gifts or entertainment of nominal value.)
- B. (_____) None

ACKNOWLEDGEMENT AND SIGNATURE

I hereby agree to report to the President any changes in the response to each of the foregoing questions which may result from changes in circumstances before completion of my next Conflict of Interest Disclosure Statement. The information I have given in this Statement is complete and accurate to the best of my knowledge.

Signature _____

Position _____

Date _____