

**La Crosse Area Community Foundation**  
**Whistleblower & Confidentiality & Conflict of Interest Policies**

**School Name:**

**Whistleblower Policy:** My signature below indicates my receipt and understanding of this policy.

**Confidentiality Agreement:** Consistent with requirements set forth in the National Standards for community Foundations, the Board of Directors of La Crosse Area Community Foundation approved a “Confidentiality Policy” that will apply to all directors, committee members and staff associated with La Crosse Area Community Foundation. In signing this statement, I confirm that I have received and read a copy of the “Confidentiality Policy” and agree to abide by the guidelines set forth therein.

**Conflict of Interest Policy:** I hereby certify: I have received and read a copy of the “Conflict of Interest Policy” and agree to comply with the terms of this policy. All actual or potential conflicts of interest have been disclosed, as attached, and to the best of my knowledge, are complete and accurate. I agree to promptly report to the Chairman of the Foundation any changes in my disclosure responses as changes in my circumstances occur.

_____	_____	_____	_____
	Date		Date
_____	_____	_____	_____
	Date		Date
_____	_____	_____	_____
	Date		Date
_____	_____	_____	_____
	Date		Date
_____	_____	_____	_____
	Date		Date
_____	_____	_____	_____
	Date		Date
_____	_____	_____	_____
	Date		Date
_____	_____	_____	_____
	Date		Date
_____	_____	_____	_____
	Date		Date

***Compliance Statement***