



Gulfcoast South Area Health Education Center

Serving the Counties of Charlotte, DeSoto, Manatee and Sarasota

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Whom It May Concern:

As a member of the board of directors of Gulfcoast South Area Health Education Center, Inc., I, the undersigned, hereby affirm as follows:

Recognizing the potential for a conflict of interest between GSAHEC board decisions and the organization I represent, I hereby agree that if such situations occur, I will abstain from participating in decision making and any allocation of funds.

Should such situations occur, I understand that I am obligated to inform the board of such potential conflict.

I hereby affirm that the statements contained herein are true and correct and that I shall comply with all applicable laws and regulations concerning conflict of interest activities.

DATED this _____ day of _____, _____

Signature

SWORN TO AND SUBSCRIBED before me this _____ day of

_____, _____.

Notary Public, State of Florida

My Commission Expires: