

# Conflict of Interest Policy

Date: [Insert date]

To: [Insert Name]

Position: [Insert Position]

Organization: [Insert Nonprofit Organization Name]

Dear [Insert Name],

At [Insert Nonprofit Organization Name], we are committed to maintaining the highest standards of integrity and accountability in our operations. It is essential that all members, volunteers, board members, and staff understand the importance of identifying and avoiding any potential conflicts of interest.

This letter serves to confirm your understanding and agreement with our Conflict of Interest Policy, which states that any personal interest that might lead to a conflict with the interests of the organization must be disclosed.

Please take a moment to review the key points of the policy:

- Definition of conflict of interest.
- Responsibilities of board members and employees.
- Disclosure process.
- Consequences for failure to disclose.

We appreciate your commitment to transparency and ethical conduct. Please sign and return the acknowledgment form attached to this policy to confirm your understanding and adherence.

If you have any questions or require further clarification regarding this policy, do not hesitate to contact me.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Insert Nonprofit Organization Name]

[Contact Information]