



## CONFLICT OF INTEREST(COI) DISCLOSURE FORM

### Year 2026 – Board of Directors

This COI Disclosure Form is required to be completed annually by all members of the HCCA Board of Directors, in accordance with Article XII – Conflict of Interest Policy, as adopted in the HCCA Bylaws (Version 13 – December 2025).

### BOARD MEMBER INFORMATION

Full Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Organization: Hill Country Cricket Association ( HCCA)

Fiscal Year: 2026 ( January 01,2026 to December 31, 2026)

Date of Disclosure: \_\_\_\_\_

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### DISCLOSURE STATEMENT

I hereby certify that I have received a copy of the Conflict of Interest Policy adopted by HCCA Organization, have read and understand the policy, and agree to comply with it.

I understand that the Organization is a nonprofit organization and must engage primarily in activities that accomplish its tax-exempt purposes under federal and state law.

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### FINANCIAL INTEREST DISCLOSURE

#### Definition

A Financial Interest occurs when you, through business, investment, or family connections, have:

- An ownership or investment stake in an entity with which the organization has a transaction or arrangement
- A compensation agreement with such an entity
- Are negotiating potential ownership or compensation arrangements

#### Please Disclose Any Financial Interests:

Do you have any direct or indirect financial interests that could be affected by decisions made by the HCCA Organization?

☐ No financial interests to disclose

☐ Yes, I have financial interests (complete details below)

If yes, please describe it in detail:

Entity/Company Name	Nature of Interest	Amount/Percentage	Relationship Details

Additional details regarding financial interests:

PERSONAL INTEREST DISCLOSURE

Definition

A Personal Interest refers to non-financial relationships or affiliations that could potentially interfere with your objectivity or impair your judgment within the organization, thereby influencing your decisions.

Examples include:

- Family relationships with vendors, contractors, or other board members
- Employment relationships with entities conducting business with HCCA
- Leadership positions in competing or related organizations
- Close personal relationships that could create bias in decision-making

Please Disclose Any Personal Interests:

Do you have any personal relationships, affiliations, or other circumstances that could create a conflict of interest with your duties as a Board Member?

- ☐ No personal interests to disclose
- ☐ Yes, I have personal interests (complete details below)

If yes, please describe it in detail:

## COMPENSATION DISCLOSURE

### Definition

Compensation encompasses both direct and indirect payments to you or your family members, including:

- Salary, wages, fees, or commissions
- Gifts or substantial favors
- Benefits, loans, or other financial arrangements

### Please Disclose Any Compensation Arrangements:

Are you or any family member receiving compensation from HCCA or from any entity conducting business with HCCA?

☐ No compensation to disclose

☐ Yes, compensation is being received (complete details below)

**If yes, please describe:**

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## CERTIFICATION & ACKNOWLEDGMENT

I certify that the information provided in this Conflict of Interest Disclosure Form is true, accurate, and complete to the best of my knowledge. I understand that:

1. Duty to Disclose: I have a duty to disclose all actual or possible conflicts of interest and all material facts related to such conflicts.
2. Recusal from Decisions: If I am found to have a conflict of interest(financial or personal interest) regarding a transaction or arrangement under consideration, I will recuse myself from discussions and voting on such matters.
3. Disciplinary Action: Failure to disclose conflicts of interest may result in disciplinary action, up to and including removal from my position.
4. Compliance: I agree to comply with all provisions of the Conflict of Interest Policy and applicable state and federal laws.
5. Annual Affirmation: I acknowledge that I may be required to update this disclosure annually or whenever circumstances change.

I further understand that ARTICLE XII of the HCCA Bylaws requires this disclosure form and is part of the Organization's commitment to maintaining transparency and protecting its nonprofit status.

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## SIGNATURE

I certify that I have answered all questions truthfully and completely, and I commit to immediately disclosing any future conflicts of interest that arise during my tenure as a Board Member.

Board Member Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

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## SECRETARY VERIFICATION

*To be completed by the Secretary. For the Secretary, the President will verify and sign.*

Received by: \_\_\_\_\_

Title: \_\_\_\_\_

Date Received: \_\_\_\_\_

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

**ORGANIZATIONAL USE ONLY ( BOD member, please leave it blank)**

Board Review Date: \_\_\_\_\_

Determination of Conflict of Interest:   ☐ Yes   ☐ No   ☐ Pending Investigation

Board Action/Notes:

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Board Chair/Authorized Officer: \_\_\_\_\_

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

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*This form is part of HCCA Organization's Conflict of Interest Policy (Article XII) and must be retained in accordance with the Organization's record-keeping requirements.*