



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: _____

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.

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:

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.

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: _____

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:

Board Chair/Authorized Officer: _____

Date: _____

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.