HOPE Animal-Assisted Crisis Response (AACR)
Conflict of Interest Policy

**Purpose:**
The purpose of this document is to define the policies and procedures related to conflicts of interest associated with persons in a position of trust because of the potential for divided loyalties.

**Introduction:**
The policies and procedures defined in this document are intended to prevent the personal interest of persons in a position of trust from interfering with the performance of their duties to HOPE AACR, or result in personal financial, professional, or political gain on the part of such persons at the expense of HOPE AACR, those HOPE AACR serves, its members, supporters, and other stakeholders.

**Definitions:**
*Conflict of Interest* - (also Conflict) means a conflict, or the appearance of a conflict, between the private interests and official responsibilities of a person in a position of trust. Persons in a position of trust include staff members, committee members, Regional Directors, officers, Board members and any other positions that deal with HOPE AACR internal matters.

*Board* - means the Board of Directors of HOPE AACR.

*Officer* - means an officer of the Board of Directors of HOPE AACR.

*Director* – means a member of the Board of Directors of HOPE AACR.

*Regional Director* – means a member responsible for overseeing the operations of a region of HOPE AACR.

*Volunteer* – means a person, who does not receive compensation for services and expertise provided to HOPE AACR, and is *not* a Certified Member or Emeritus Member of HOPE AACR.

*Staff Member* - means a person who receives all or part of her/his income from the payroll of HOPE AACR.

*Member* – means a person who is either a Certified Member or Emeritus Member of HOPE AACR.

*Supporter* - means corporations, foundations, individuals, 501 (c ) (3) nonprofits, and other nonprofit organizations who contribute to HOPE AACR.

**Policy and Procedures**
1. Full disclosure, by notice in writing, shall be made by the interested parties to the full Board of Directors in all conflicts of interest, including but not limited to the following:
a. A Board member is related to another board member or staff member by blood, marriage or domestic partnership.

b. A staff member in a supervisory capacity is related to another staff member whom she/he supervises.

c. A Board member or their organization stands to benefit from a HOPE AACR transaction or staff member of such organization receives payment from HOPE AACR for any subcontract, goods, or services other than as part of her/his regular job responsibilities or as reimbursement for reasonable expenses incurred as provided in the bylaws and board policy.

d. A Board member's organization receives grant funding from HOPE AACR.

e. A Board member or staff member is a member of the governing body of a contributor to HOPE AACR.

f. A certified or emeritus member who meets any of the situations or criteria listed above.

g. A Regional Director who meets any of the situations or criteria listed above.

2. Following full disclosure of a possible conflict of interest or any condition listed above, the Board of Directors shall determine whether a conflict of interest exists and, if so, the Board shall vote to authorize or reject the transaction or take any other action deemed necessary to address the conflict and protect the best interest of HOPE AACR’s best interests. Both votes shall be by a majority vote without counting the vote of any interested director.

3. A Board member who is formally considering employment with HOPE AACR must take a temporary leave of absence until the position is filled. Such a leave will be taken within the Board member's elected term which will not be extended because of the leave. A Board member formally considering employment with HOPE AACR must submit a written request for a temporary leave of absence to the President of the HOPE AACR Board, c/o the HOPE AACR office, indicating the time period of the leave. The President will bring the request to the Board for action. The request and any action taken shall be reflected in the official minutes of the HOPE AACR.

4. An interested Board member, officer, or staff member shall not participate in any discussion or debate of the Board of Directors, or of any committee or subcommittee thereof in which the subject of discussion is a contract, transaction, or situation in which there may be a perceived or actual conflict of interest. However, they may be present to provide clarifying information in such a discussion or debate unless objected to by any present board or committee member.

5. Anyone in a position to make decisions about spending resources of HOPE AACR resources (i.e., transactions such as purchases contracts) – who also stands to benefit from that decision – has a duty to disclose that conflict as soon as it arises (or becomes apparent); s/he should not participate in any final decisions.
6. Members of other AACR organizations have an inherent conflict of interest and can not serve in positions of trust. Membership in another AACR organization includes individuals who provide AACR services, serve as a director, or as an officer of another AACR organization.

7. A copy of this policy shall be given to all persons in a position of trust or other key stakeholders upon commencement of such person's relationship with HOPE AACR or at the official adoption of stated policy. Each person in a position of trust shall sign and date the policy at the beginning of her/his term of service or employment and each year thereafter. Failure to sign does not nullify the policy; however this does create the appearance of a potential conflict of interest, and will therefore be addressed by the Board of Directors to determine whether a conflict of interest exists.

8. This policy and disclosure form must be filed annually by all specified parties.
HOPE AACR
Conflict of Interest Disclosure Form

This form must be filed annually by all specified parties, as identified in the HOPE AACR Conflict of Interest Policy Statement.

_____ I don’t have a conflict of interest to report.

_____ I have the following conflict of interest to report (please specify):

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

The undersigned, by their affixed signature, note their understanding of the implications of this policy.

______________________________
Signature

______________________________
Printed Name

______________________________
Date Signed