



# CECI UGANDA

Community Empowerment for Creative Innovation

## Conflict of Interest Declaration Form

This Conflict of Interest Declaration is designed to protect the integrity, transparency, and accountability of Community Empowerment for Creative Innovation (CECI Uganda). Board members are expected to act in the best interests of CECI and to disclose any personal, professional, or financial interests that could influence or be perceived to influence their decision-making.

### Board Member Information

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

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Term: \_\_\_\_\_

### SECTION 1: DISCLOSURE OF INTERESTS

Please disclose any interests that may present an actual, potential, or perceived conflict with your duties as a Board Member.

#### A. Financial Interests

Do you, or an immediate family member, have financial interests that could conflict with CECI's activities (e.g., contracts, vendors, grants, partnerships)?

☐ Yes

☐ No

If yes, please provide details:

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## **B. Relationships with Partner or Competing Organizations**

Disclose any relationships with organizations that collaborate with, fund, regulate, or compete with CECI.

☐ Yes

☐ No

If yes, please describe:

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## **C. Personal Relationships**

Do you have close personal relationships with any CECI staff, board members, consultants, or vendors that could influence decision-making?

☐ Yes

☐ No

If yes, please explain:

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## **D. Other Potential Conflicts**

Please disclose any other situations that could create a real or perceived conflict of interest.

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## **SECTION 2: COMMITMENT TO ETHICAL CONDUCT**

I acknowledge that:

- I agree to act in the best interests of CECI at all times.
- I will immediately disclose any conflict that arises during my term.
- I will recuse myself from discussions and decisions where a conflict exists.
- I understand that failure to disclose relevant conflicts may result in disciplinary action, including removal from the Board.

**Section 3: Declaration**

I hereby declare that the information provided above is accurate and complete to the best of my knowledge.

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

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

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