

**GULF COAST ECOLOGICAL FUND FOR COMMUNITY RENEWAL AND
ECOLOGICAL HEALTH**

CODE OF CONDUCT & CONFLICT OF INTEREST POLICY

Purpose

The Gulf Coast Fund for Community Renewal and Ecological Health (GCF) is committed to a decision-making process led by the communities most affected by Hurricanes Katrina and Rita. The Advisory Group is therefore comprised of leaders from many of the Gulf Coast communities that the Fund is intended to support. In order to maintain transparency in decision-making and deal openly and fairly with actual and potential conflicts of interest that may arise as a consequence of this involvement, the Fund has adopted the following conflict of interest policy.

Definition

A potential conflict of interest arises whenever the Fund contemplates a decision involving a vendor, consultant, grantee or other party with which a Fund Advisor, Advisory Group or staff member is affiliated.

Affiliated, affiliation means close involvement. It includes all direct and indirect financial interests, but it also includes any other interest that may influence the judgment of an Advisory Group or staff member. A test is applied to determine whether affiliation is present: whether the involvement of the Advisory Group or staff member with the other person or organization is such, in the judgment of the Fund Advisors, that it reduces the likelihood that the Advisory Group or staff member can render an impartial decision in the best interests of the GCF. Affiliation includes, but is not limited to, an individual or an individual's immediate family member who is an owner, board member, employee, or consultant to a grantee, consultant or vendor.

Procedures

Duty to Disclose:

Each individual shall disclose to the GCF any personal interest which he or she may have in any matter pending before the GCF and shall refrain from participation in any decision on such matter. Any member of GCF shall refrain from obtaining any list of clients for personal or private solicitation purposes at any time during the term of their affiliation. Should an organization with which an individual is affiliated be considered for funding assistance from GCF, the individual will inform the Advisory Group and staff of GCF immediately and excuse him/herself from any discussion, deliberation or vote upon the

request.

Violations of the Conflicts of Interest Policy:

If the Fund Advisors have reasonable cause to believe that an Advisory Group or staff member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member the opportunity to explain the alleged failure to disclose. If, after hearing the response of the member and making such further investigation as may be warranted in the circumstances, the Fund Advisors determine that the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate corrective action.

Records of Proceedings:

The minutes of the Advisory Group shall contain the name of each Advisory Group or staff member who disclosed or was otherwise determined to have a potential conflict of interest, the nature of such interest, any abstentions from the vote, and the result of the vote.

Completion of the Conflict of Interest Declaration:

Each Advisory Group and staff member will fill out the following information annually and return the signed form to GCF.

In addition to my service for GCF at this time, I am a Board member or an employee of the following organizations:

Organization/Company and Affiliation

- 1.
- 2.
- 3.
- 4.
- 5.

In addition, my immediate family members are involved as employees, consultants or board members to the following organizations that could potentially receive payments from GCF:

Organization/Company, Relative Name, Affiliation

- 1.
- 2.
- 3.
- 4.
- 5.

Should an organization mentioned above be considered for any payment or funding assistance from GCF, I will inform the Fund Advisors, Advisory Group and staff of GCF immediately and excuse myself from any discussion, deliberation or vote upon the request.

This is to certify that I, except with regard to carrying out my duties as an officer, director, Advisory Group member or staff member of the GCF or as described above, am not now nor at any time during the past year have been:

1) A participant, directly or indirectly, in any arrangement, agreement, investment, or other activity with any vendor, supplier, or other party; doing business with the GCF which has resulted or could result in a personal benefit to me that has not been fully disclosed to the GCF Fund Advisors.

2) A recipient, directly or indirectly, of any payments, loans or gifts of any kind or any free service or discounts or other fees from or on behalf of any person or organization engaged in any transaction with the GCF that has not been fully disclosed to the GCF Fund Advisors.

Any exceptions with respect to 1 and 2 above are stated below with a full description of the transactions and of the interest, whether direct or indirect, which I have (or have had during the past year) in the persons or organizations having transactions with the GCF.

Signature: _____ Date _____

Printed name: _____