

Cooperative Community Fund (CCF) Grant Committee

APPLICATION

To apply to volunteer on the 2025 Cooperative Community (CCF) Grant Committee you must complete this application. You can either electronically sign this application or print the application in order to sign it. You can then mail or scan and email in the completed application.

NAME:

Member #:

E-mail:

Phone:

Yes, I can attend a CCF Grant committee meeting on Wednesday, April 16 at 6pm.

Yes, I can attend a CCF Grant committee meeting on Wednesday, May 14 at 6pm.

Yes, I have access to using Zoom with video to attend meetings if needed.

In 1-3 sentences describe why you want to serve on the CCF Grant Committee.

Confidentiality Agreement

Cooperative Community Fund (CCF) Grant Committee

All Cooperative Community Fund (CCF) Grant Committee members will maintain confidentiality of all CCF grant committee related information to protect the Co-op's interests and that of the organizations who apply for grants. This means that all CCF Grant Committee members, staff, and board of directors shall not discuss CCF Grant Committee actions, policies, information or issues outside of Co-op sanctioned meetings, unless staff notify those involved that such information is no longer confidential. Any document, record, or other information, which is identified by Co-op staff as confidential shall be treated as such.

Breach of confidentiality is defined as *“the disclosure of information, intentionally or unintentionally, to an individual who is not entitled to that information.”*

Examples of breach of confidentiality include but are not restricted to the following:

- a. Discussing information from CCF Granting Committees with a spouse, family member, friends, co-op members or the general public.
- b. Using information learned via the CCF Granting Committee for personal gain or as an advantage for a third party.
- c. Revealing information about the CCF Grant Committee discussions or deliberations to anyone not participating on the committee.
- d. Forwarding emails with confidential information to those not on the CCF Grant Committee.
- e. Leaving confidential materials in publicly available locations (e.g. on a desk, on an unlocked computer, in a car, in a backpack that may be stolen, etc.)

Declaration and Signature:

As a member of the CCF Granting Committee of the North Coast Co-op I hereby declare that I will not engage in nor cause to occur any breach of confidentiality. I understand that if I do engage in or cause to occur any breach of confidentiality, I may be held liable for any damages to the Co-op due to disclosure of confidential information to the extent allowed by law.

Printed Name: _____

Signature: _____

Date: _____

Conflict of Interest Policy

The standard of behavior for all staff, volunteers, officers and board members is that they shall maintain the highest level of integrity and ethical behavior and scrupulously avoid conflicts of interest between the interests of North Coast Co-op on one hand, and personal, professional, and business interests on the other. This includes avoiding potential and actual conflicts of interest, as well as perceptions of conflicts of interest. (See California Corporation Code 12370 et seq.)

I understand that the purposes of this policy are to protect the integrity of North Coast Co-op's decision-making process, to enable our members to have confidence in our integrity, and to protect the integrity and reputations of volunteers, staff, officers and board members. Before engaging in discussions and decision-making on behalf of North Coast Co-op, I will make a full, written disclosure of interests, relationships, and holdings that could potentially result in a conflict of interest. This written disclosure will be kept on file with the North Coast Co-op and I will update it as appropriate.

In the course of meetings or activities, I will disclose any interests in a transaction or decision where I (including my business or other nonprofit affiliations), my family and/or my significant other, employer, or close associates will receive a benefit or gain. After disclosure, I understand that staff may request that I recuse myself from voting or otherwise participating in the decision-making process.

Conflict of Interest Questionnaire

The information provided on this form shall be available for inspection by Co-op staff but shall otherwise be held in confidence except when, after consultation with the applicable member, staff determines that North Coast Co-op's best interest would be served by disclosure.

Please respond to the following questions to the best of your knowledge with regards to yourself and/or members of your immediate family or others with whom you have a close personal relationship.

1. Please list all corporations, partnerships, associations, other non-profit or charitable organizations or any other organization of which you, or close family members are an officer, director, trustee, partner, or employee, and describe the affiliation/s.

2. Are you aware of any other relationships, arrangements, transactions, or matters which could create a conflict of interest or the appearance of conflict while serving on the CCF Grant Committee? If so, please describe.

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I understand that this policy is meant to supplement good judgment, and I will respect its spirit as well as its wording. I have reviewed, and agree to abide by, the CCF Grant Committee Conflict of Interest Policy of North Coast Co-op that is currently in effect.

Printed Name: _____

Signature: _____

Date: _____

All applications must be received by Friday, March 7, 2025.

Email to:

emilywalter@northcoast.coop

Mail to:

North Coast Co-op
ATTN: Emily Walter
811 I Street
Arcata, CA 95521

Questions may be addressed to Emily Walter at emilywalter@northcoast.coop, or 707-822-5947 ext. 236.