



Board of Directors

Nominee Data Sheet

Name: _____

Home/Cell Phone: _____

Address: _____ Work Phone: _____

Email Address: _____

County: _____

Employer: _____

Sector you wish to represent: Consumer Sector Private Sector Public Sector

How did you find out about the opening on our Board?

Do you know any of our current Board members (see our website)?

QUALIFICATIONS: (Include length of residency in county, related paid or volunteer work experience, hobbies, interests, etc.)

Describe why you would be the best candidate to represent the low-income county residents on the Newcap, Inc. Board of Directors?

Please certify the following as true:

- I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency;
- I have not been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction, for violation of federal or state antitrust statutes or for commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- I am not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses above; and
- I have not had any public transactions (federal, state or local) terminated for cause or default during the three years prior to application

If you can't certify to the above, please attach an explanation to this application.

I understand the information disclosed on this form may be released in publicity releases regarding the election.

If elected, I agree to serve at bi-monthly meetings of the Board of Directors for a five-year term (which may initially be staggered). If elected to represent the Consumer Sector, I agree to confidentially provide documentation to complete the income verification process to the President/C.E.O. in order for Newcap to be in compliance with the governing regulations.

If not elected for a currently open seat, I understand my application will be kept on file for one year in case another seat becomes available.

_____ Date

_____ Signature

If referred to Newcap Board, please share who referred you _____

**Newcap Board of Directors
Conflict of Interest Form**

Because a member of the Newcap Board of Directors could be involved with other organizations that may have business dealings or affiliations with, or seek grants from, Newcap, the following general principles have been established:

Each member of the Board of Directors of Newcap should have a duty of loyalty to Newcap. The duty of loyalty generally requires a Director to prefer the interests of Newcap over the Director's interest or the interests of others. In addition, Directors of Newcap shall avoid acts of self-dealing which may adversely affect the tax-exempt status of Newcap or cause there to arise any sanction or penalty by a governmental authority.

In the event any Director, or a member of his or her family, has a personal or business interest in, or is involved in any way with, an organization with whom the Board is considering a grant request or business contract, such interest or involvement shall be disclosed to the Board.

In such event, the interested Director shall neither vote nor participate in the discussion of the matter. The interested Director shall be excused from the actual discussion at that portion of the meeting when the matter giving rise to the apparent conflict is discussed. However, any Director who is excluded from voting pursuant to this policy may answer pertinent questions of other Directors and be present when the interested Director's knowledge regarding the matter will assist the Board.

The minutes of the meeting shall indicate that the interested Director disclosed the interest or involvement in the matter being considered by the Board, recused herself/himself from the discussion, and abstained from voting on the matter.

Do you have a current conflict of interest to disclose?

NO YES, explain: _____

I HAVE READ AND UNDERSTAND THE FOREGOING CONFLICT OF INTEREST POLICY AND AGREEMENT, I AGREE TO ITS TERMS, AND MY ACTIONS HAVE BEEN AND WILL CONTINUE TO BE GUIDED THEREBY.

Director's Printed Name _____
Director's Signature _____
Date _____