



Bridge to Turkiye Fund

Conflict of Interest Policy

The standard of behavior at Bridge to Turkiye Fund (BTF) is that all officers, volunteers, and board members scrupulously avoid conflicts of interest between the interests of BTF 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:

The law requires individuals who manage and govern public charities (“fiduciaries”) to exercise due care in administering the charity’s affairs. This requirement is known as the duty of care. The law also prohibits fiduciaries from using their position to obtain personal gain for themselves or others at the charity’s expense. This requirement is known as the duty of loyalty. Paying careful attention to transactions where there may be a conflict of interest ensures that a fiduciary does not breach his or her duties of care and loyalty to the organization. It can also help instill public trust by demonstrating that fiduciaries are committed to managing an organization with the utmost integrity and good faith and in the best interest of the organization and its charitable mission.

Conflicts of interest occur in our everyday lives when multiple loyalties pull us toward opposite courses of action. In the context of charities, a conflict of interest may occur when personal interests prevent an individual from making an impartial decision that is in the best interest of the charity.

I understand that the purposes of this policy are to protect the integrity of BTF's decision-making process, to enable our constituencies to have confidence in our integrity, and to protect the integrity and reputations of volunteers, staff and board members. By signing this letter, I declare that I hold no relationships and holdings that could potentially result in a conflict of interest.

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 I will be asked to leave the room for the discussion and will not be permitted to vote on the question.

I understand that this policy is meant to supplement good judgment, and I will respect its spirit as well as its wording.

Name: _____

Signature: _____

Title: _____

Date: _____