



Reunite The Fight Inc. Conflict of Interest Policy

Effective Date: January 1st, 2025

Purpose

Reunite The Fight is dedicated to serving veterans and their families with integrity, transparency, and accountability. This Conflict of Interest Policy ensures that all decisions and actions by board members, employees, volunteers, and other stakeholders are made in the best interest of the organization and its mission, free from personal, financial, or other conflicting interests.

Scope

This policy applies to all board members, officers, employees, volunteers, and contractors (collectively, "Covered Persons") of Reunite The Fight. It addresses actual, potential, or perceived conflicts of interest that may arise in the course of their duties.

Definitions

- **Conflict of Interest:** A situation where a Covered Person's personal, financial, or professional interests (or those of their immediate family or business associates) could improperly influence, or appear to influence, their duties to the organization.
- **Immediate Family:** Spouse, domestic partner, children, parents, siblings, or other relatives living in the same household.

Policy

- **Duty of Loyalty**
Covered Persons must act in good faith and prioritize the interests of Reunite The Fight over personal or external interests. They must avoid situations where their actions or decisions could result in personal gain, benefit to family or associates, or harm to the organization's mission or reputation.
- **Examples of Conflicts of Interest**
Conflicts may include, but are not limited to:
 - -Holding a financial interest in a vendor, contractor, or organization doing business with the nonprofit.
 - -Serving as a board member or employee of another organization that competes with or seeks funding from the same sources as Reunite The Fight.
 - -Accepting gifts, favors, or excessive entertainment from individuals or entities seeking to influence the nonprofit's decisions.

Reuniting Veterans in the bonds forged through the fire while shouldering the challenges of adversity.



- -Using the organization's resources, confidential information, or position for personal benefit.
- **Disclosure Requirements**
 - **Initial Disclosure:** All Covered Persons must complete and sign a Conflict of Interest Disclosure Form annually, disclosing any actual or potential conflicts of interest, including financial interests, affiliations, or relationships that could impact their duties. Individuals who report conflicts of interest that involve illegal activity to a public body are protected from retaliation under the organization's Whistleblower Policy and the Michigan Whistleblowers' Protection Act (MCL 15.361–15.369). If a conflict of interest involves suspected illegal activity, individuals may report it internally or to a public body, as outlined in the organization's Whistleblower Policy, and are protected from retaliation under the Michigan Whistleblowers' Protection Act (MCL 15.361–15.369).
 - **Ongoing Disclosure:** Covered Persons must promptly disclose any new conflicts as they arise to the [Board Chair, Executive Director, or designated officer].
 - **Board Review:** The [Board of Directors or designated committee, e.g., Governance Committee] will review disclosures to determine whether a conflict exists and how to address it.
- **Managing Conflicts**
 - **Recusal:** If a conflict exists, the Covered Person must recuse themselves from discussions, decisions, or votes related to the matter. They may provide relevant information if requested but must not attempt to influence the outcome.
 - **Documentation:** Recusal and any actions taken to manage the conflict will be documented in meeting minutes or organizational records.
 - **Approval of Transactions:** If a conflict involves a transaction (e.g., a contract with a vendor), the Board or its designated committee must approve the transaction, ensuring it is fair, reasonable, and in the organization's best interest. Conflicted transactions require approval by a majority of disinterested Board members or a designated committee, after full disclosure of material facts, and must be determined to be fair and in the organization's best interest, as required by MCL 450.2545a.
- **Gift Policy**

Covered Persons may not accept gifts, favors, or hospitality valued over \$200 from individuals or entities seeking to do business with or influence the organization, unless approved by the President or Vice President in which both will have to communicate the approval to each other in all cases where such gifts must be reported.
- **Violations**

Failure to disclose a conflict or comply with this policy may result in disciplinary action, including removal from the Board, termination of employment, or cessation of volunteer or contractor status, as determined by the Board of Directors.
- **Policy Administration**
 - The Board of Directors oversees this policy and reviews disclosures.

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- The Executive Director or their designee ensures annual distribution of the Conflict of Interest Disclosure Form and provides training on this policy.
- This policy will be reviewed every [insert period, e.g., two years] or as needed to ensure compliance with applicable laws, including IRS regulations and state nonprofit laws.
- **Confidentiality**
Disclosures and discussions regarding conflicts of interest will be kept confidential, except as necessary to investigate, resolve, or comply with legal requirements.

Acknowledgment

All Covered Persons must acknowledge receipt and understanding of this policy annually and agree to comply with its terms.

Sample Conflict of Interest Disclosure Form

Below is a basic template for the disclosure form referenced in the policy. You can include this as an appendix or separate document.

Conflict of Interest Disclosure Form

I, [name], affirm that, to the best of my knowledge:

- I have received, read, and understand the Reunite The Fight Conflict of Interest Policy.
- I agree to comply with the policy and disclose any actual, potential, or perceived conflicts of interest.
- I disclose the following interests or relationships that may pose a conflict (if none, write "None"):
 - [List financial interests, affiliations, or relationships, e.g., ownership in a vendor, board membership in another organization, etc.]

Signature: _____

Date: _____

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www.reunitethefight.org