

Conflict of Interest Statement

Name: Alfred Williams
Please Print

I acknowledge that I, a member of the Board of Trustees or Executive Officer of the Community College System of New Hampshire, have reviewed the Board of Trustee Policy Governing Conflicts of Interest before signing this statement. I hereby disclose information on all associations (all business and charitable organizations) in which I have a direct financial interest (as an owner, proprietor, partner, shareholder, employee, officer, a director or trustee thereof) or an indirect financial interest; I understand an indirect interest arises where such an association involves a person or entity of which a member of my immediate family is such an owner, proprietor, partner, shareholder, employee, officer, a director or trustee. (Feel free to attach additional sheets.)

1. Are you aware of any relationships with CCSNH between yourself or a member of your family as defined by the letter or spirit of the CCSNH Conflict of Interest Policy that may represent a conflict of interest?

_____ Yes

_____ No

If yes, please list below and elaborate such relationships and the details of actual or potential financial benefit as you can best estimate.

2. Did you or a member of your family knowingly receive, during the past 12 months, any gifts or loans from any source from which CCSNH buys goods or services or otherwise has significant business dealings?

_____ Yes

_____ No

If yes, please list below such loans or gifts, their source and their approximate value.

I also understand that I have an ongoing obligation to disclose any other situation from which a possible conflict of interest might arise in the future.

I certify that the foregoing information is true and complete to the best of my knowledge.

Signature: Alfred Williams

Date: 1/12/21