



Suicide Awareness Voices of Education

Gift Policy And Disclosure Form

As part of its conflict of interest policy, SAVE requires that directors, officers, employees and volunteers decline to accept certain gifts, consideration or remuneration from individuals or companies that seek to do business with SAVE or are a competitor of it. This policy and disclosure form is intended to implement that prohibition on gifts.

Section 1. “Responsible Person” is any person serving as an officer, employee or a member of the board of directors of SAVE.

Section 2. “Family Member” is a spouse, domestic partner, parent, child or spouse of a child, or a brother, sister, or spouse of a brother or sister, of a Responsible Person.

Section 3. “Contract or Transaction” is any agreement or relationship involving the sale or purchase of goods, services or rights of any kind, receipt of a loan or grant, or the establishment of any other pecuniary relationship. The making of a gift to SAVE is not a “contract” or “transaction.”

Section 4. Prohibited gifts, gratuities and entertainment. Except as approved by the Chairman of the Board or his designee or for gifts of a value less than \$50 which could not be refused without discourtesy, no Responsible Person or Family Member shall accept gifts, entertainment or other favors from any person or entity which:

1. Does or seeks to do business with SAVE or,
2. Does or seeks to compete with SAVE or,
3. Has received, is receiving, or is seeking to receive a Contract or Transaction with SAVE.

I certify that I have read the above policy concerning gifts, and I agree that I will not accept gifts, entertainment or other favors from any individual or entity, which would be prohibited by the above policy. Following my initial statement, I agree to provide a signed statement at the end of each calendar year certifying that I have not received any such gifts, entertainment or other favors during the preceding year.

Signature

Date

Data Privacy / Non-Disclosure Agreement

By my signature below I affirm that I have been given an explanation of the Government Data Practices Act, MN Status Chapter 13 and the Minnesota rules as they apply to the privacy and confidentiality of the records of SAVE members, volunteers, board members and staff of SAVE.

I understand that the disclosure of private and/or confidential data is governed by the above mentioned statute and related rules and that any unauthorized disclosure of private and/or confidential data by me or by SAVE staff could subject the agency and me to criminal liability. I agree to maintain the privacy of information on SAVE members, volunteers, board members and staff of SAVE.

Signature

Date

Witness

Title

Date