

Attachment #4

Form 1023 (Rev6-2006) Name: Miami-Dade Assistive Technology Awareness Partners, EIN: 20-5516035 page 4

Part V – Question 5a – If yes, provide a copy of the policy and explain how it has been adopted.

The two pages that follow is a copy of the conflict of interest policy adopted by the board of Miami-Dade Assistive Technology Awareness Partners by unanimous vote of the governing body on 1/04/07. The third page is a sample of the letter to be signed by the members of the committee.



"Empower, Educate, Include"
Miami-Dade Assistive Technology Awareness Partners, Inc.

Conflict of Interest Policy

The purpose of this policy is to protect Miami-Dade Assistive Technology Awareness Partners, Inc. interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the organization or that might result in a possible excess benefit transaction. This policy supplements any applicable state or federal law that governs conflict of interest applicable to non-profit or charitable organizations.

Any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest in a decision being made by Miami-Dade Assistive Technology Awareness Partners, Inc. has a duty to disclose the actual or possible conflict of interest before the committee votes on the decision.

Upon disclosure of the actual or possible conflict of interest, the person or persons with the conflict shall leave the meeting and the remaining committee must determine if a conflict of interest exists. It should be noted that a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists. If it is determined that a conflict of interest exists, then a disinterested person or persons can be appointed by the chairperson of the governing board to propose an alternative to the pending decision.

After using due diligence to investigate all possible alternatives, the governing body must determine if a more advantageous transaction can be resolved upon that does not give rise to conflict of interest. If it is determined that an alternative is not possible, then the governing body of disinterested individuals must determine if going ahead with the decision is in the best interest of Miami-Dade Assistive Technology Awareness Partners, Inc.

All minutes and proceedings of this process shall be recorded and kept on file.

In addition, if the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Each director, principal officer and member of a committee with governing board delegated powers shall annually sign a statement which affirms such person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply with the

policy, and understands the Organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes. This statement will be kept in the permanent file of Miami-Dade Assistive Technology Awareness Partners, Inc.

This policy has been duly read and accepted by the governing body of Miami-Dade Assistive Technology Awareness Partners, Inc this _____ day of _____, 2007

Signature/ Chairman of the Board

Signature/ Executive Director

Signature/ Vice-Chairman of the Board



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By signing this statement, I affirm that:

I have received a copy of the conflict of interest policy.

I have read and understand the policy,

I have agreed to comply with the policy, and

I understand that Miami-Dade Assistive Technology Awareness Partners is a charitable organization and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Signed: _____ Date: _____

Print name: _____

Role in organization: _____