The Nature Conservancy

CONFLICT OF INTEREST DISCLOSURE FORM

Entity Name (Municipality or Non-Government Organization): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is the policy of The Nature Conservancy (“TNC”) to identify actual, potential or perceived conflicts of interest in any situation in which TNC has a significant business interest. To assist TNC in complying with this policy, we request that all individuals and/or organizations that will be involved in a proposed transaction with TNC complete this form.

**TRANSACTION**

Describe services provided (e.g., appraisal, baseline documentation report, environmental hazard assessment, land survey, legal fees, recording fees, title expenses).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total dollar value of transaction**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **STEP 1: ORGANIZATION TYPE** |

Please check the box to indicate the type of party for which this form is being completed, list all individuals and/or

organizations that will be involved in this transaction. An “organization” includes a for profit corporation, partnership, trust, estate, joint venture, limited liability corporation, professional corporation or unincorporated entity of any kind, a foundation, public board, commission, and a 501(c)(3) or other charitable organization.

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| **[ ]**  | **Individuals (list all, then complete Section 1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **[ ]**  | **For Profit Organizations (list all, then complete Section 2):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **[ ]**  | **Not for Profit Organizations (list all, then complete Section 3):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

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| **STEP 2: QUESTIONS** |

Complete the applicable section of questions below. Individuals complete Section 1. For Profit Organizations complete Section 2. Not for Profit Organizations complete Section 3. **Note:** Please refer to the attached list of TNC key employees and current and prior members of TNC’s Board of Directors when completing the rest of this form.

**Section 1. INDIVIDUALS: Please check all that apply and attach an explanation for any “Yes” answers.**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. Are you now, or have you been at any time since July 1, 2013, a **TNC “key employee”** or a **member of the TNC Board of Directors** as identified on the attached list?
 |  |  |
| 1. Are you now or have you been in the last 12 monthsa **TNC employee** (other than a key employee), a **Chapter Trustee** or member of a **Country Program Advisory Council**?
 |  |  |
| 1. Have you **contributed** **to TNC** U.S. $5 million or more during the current fiscal year (July 1 – June 30), or U.S. $25 million or more, cumulatively, in the current fiscal year and the prior four fiscal years?
 |  |  |
| d. To your knowledge, are you a **Family Member** of any individual identified in paragraph a, b or c above? (For these purposes, the term “Family Member” includes the individual’s spouse, ancestors, brothers and sisters (whether whole or half-blood), children (whether natural or adopted), grandchildren, great-grandchildren, and spouses of brothers, sisters, children, grandchildren, and great-grandchildren; and any person with whom the covered person shares living quarters under circumstances that closely resemble a marital relationship or who is financially dependent upon the covered person.) |  |  |

**Section 2. FOR PROFIT ORGANIZATIONS:**

**Please check all that apply and attach an explanation for any “Yes” answers.**

|  |  |  |
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|  | **Yes** | **No** |
| 1. Has the organization made total aggregate contributions to TNC (i) U.S. 5 million or more during the current fiscal year (July 1 – June 30), or (ii) U.S. $25 million or more, cumulatively, during the current fiscal year and the prior four fiscal years?
 |  |  |
| 1. Now or at the time of the proposed transaction, does or will any **Substantial Contributor** (as defined in 1.c.); **TNC employee (includes former TNC employee who left within the last 12 months); member of TNC’s Board of Directors or key employees (see list attached); or TNC Chapter Trustee or Advisory Council member (includes former ones who served within the last 12 months)**, individually or collectively with other such persons (including **Family Members** of such persons; see Section 1(d) above for definition of Family Members), **own more than 35% of the stock or value of the organization** (directly or indirectly)**,** or have the legal or *de facto* **power to exercise a controlling influence over the organization’s management or policies**, e.g., as an officer, key management employee, board member or partner?
 |  |  |
| 1. Now, or at the time of the proposed transaction, have or will any members of **TNC’s current Executive Team or Board of Directors** (see attached list) serve as:
* an officer, director, trustee, key employee, or partner; or
* if the entity is a limited liability corporation, a member; or
* if the entity is a professional corporation, a shareholder?
 |  |  |

**Section 3. NOT FOR PROFIT ORGANIZATIONS**

**Please check all that apply and attach an explanation for any “Yes” Answers.**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. Now or at the time of the proposed transaction, have or will any **Substantial Contributor** (as defined in 1.c.); **TNC employee (includes former TNC employee who left within the last 12 months); member of TNC’s Board of Directors or key employees (see list attached); Chapter Trustee or Advisory Council member (includes former ones who served within the last 12 months)**, or **Family Members** of any of these, individually or collectively, **have the ability to control management of the entity**? See Section 1(d) above for definition of Family Members.
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| **STEP 3: COMMENTS** |

Please explain any “Yes” answers checked above.

**Individuals who in the current fiscal year (FY19) are or during the preceding five fiscal years have been a Conservancy “key employee” or a member of the Board of Directors:**

**Key Employees**

**Current Executive Team**

Justin Adams

Kacky Andrews

James Asp

David Banks

Charles Bedford

Giulio Boccaletti

Mark Burget

Maria Damanaki

Santiago Gowland

Wisla Heneghan

Joe Keenan

Marianne Kleiberg

Richard Loomis

Joyce Ma

Brian McPeek

Pascal Mittermaier

Hugh Possingham

Glenn Prickett

Aurelio Ramos

Lynn Scarlett

Heather Tallis

Mark Tercek

Michael Tetreault

Marc Touitou

Peter Wheeler

Leonard Williams

Heather Wishik

Heather Zichal

**Other/Former Key Employees**

Karen Berky

Rebecca Bowen

John Cook

Mario D’Amico

Addison Dana

William Ginn

Steve Howell

Peter Kareiva

Michelle Lakly

Robert McKim

Catherine Nardone

Lois Quam

Geof Rochester

Angela Sosdian

Michael Sweeney

Philip Tabas

Janine Wilkin

**Current Board of Directors (FY ‘18)**

Shona L. Brown

Gretchen C. Daily

Laurence Fink

Joseph H. Gleberman

William Frist

Harry Hagey

Sally Jewell

Andrew Liveris

Jack Ma

Claudia Madrazo

Craig McCaw

Thomas J. Meredith

Ana M. Parma

Douglas Petno

Stephen Polasky

James E. Rogers

Vincent Ryan

Rajiv Shah

Brenda Shapiro

Mark Tercek

Thomas J. Tierney

Moses Tsang

Frances A. Ulmer

Margaret C. Whitman

Ying Wu

**Prior Board Members (FYs ’14-’18)**

Teresa Beck

David Blood

Steven A. Denning

Jeremy Grantham

Frank E. Loy

Jane Lubchenco

Thomas Middleton

James C. Morgan

Roberto Hernández Ramirez

Muneer A. Satter

P. Roy Vagelos

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| **STEP 4: SIGNATURES** |

The undersigned certifies that the information in the disclosure form is true and correct to the best of his/her knowledge.

**Signatures for For Profit or Not for Profit Organizations: Signatures for Individuals:**

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_