**Form A**

THE STATE OF TEXAS COUNTY OF           

## AFFIDAVIT OF BOARD MEMBER

Before me, the undersigned, on this day personally appeared                          

who, being by me duly sworn, deposed as follows: *(Enter Full Name and Credentials)*

My full name is                                     and I reside at:

County of Residence:                                    

Mailing Address:                                    

City, the State, Zip:                                    

I am a Board member of                                                        

Located in                                , Texas.

My term of office is *(date*):                           to *(date*)                     

I have read and am familiar with the statutory provisions and HHSC rules relating to qualifications, conflicts of interest, and grounds for removal for members of the board of trustees of a community center, contained in Texas Health and Safety Code, §534.0065, accountability for local authority employees and officers, contained in 25 TAC 412B (Contracts Management for Local Authorities), §412.54, and standards of administration for boards of trustees, contained in 25 TAC 411G (Community MHMR Centers), §411.310.

I have read and am familiar with Chapter 171 of the Local Government Code regarding conflicts of interest of officers of municipalities, counties, and certain other local governments.

I have read and am familiar with the current performance contract with HHSC for the current Fiscal Year.

I affirm that I have not and will not participate in any activities that create a conflict of interest or grounds for removal under Texas law.

I affirm that I qualify for appointment to the Board under Texas law.

I affirm that I have not participated in the hiring, nor will I participate in the hiring of a person who is related to any member of the Board by affinity within the second degree or by consanguinity within the third degree.

I agree to report immediately in writing to the Contract Manager any conflict of interest, grounds for removal or disqualification of my membership on the Board that occurs during this fiscal year.

By my signature below, I certify that I have read and understand this document and that the statements that I make herein are correct and complete.

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*Signature of Board Member* *Date*

ACKNOWLEDGED, SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned Notary Public, on

this       day of            , 20      .

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

Notary Public for the State of Texas

My Commission expires:                

# INSTRUCTIONS FOR THE AFFIDAVITS

All members of the Board of Trustees of community centers must complete and must have a Notary Public notarize the affidavit as indicated.

On the “Affidavit of Board Member” form, the county at the top of the affidavit in the right-hand corner should reflect the county *where the affidavit is being notarized.*

The County of Residence on the “Affidavit of Board Member” form is to be the county of residence for the member. The “Affidavit of Board Member” form is to include the complete mailing address of the member. (The mailing address is to be the address to which all correspondence is to be sent from HHSC and may be different from the home address, but may not be an address that can be accessed by any employee of the center.)