AMERICAN TAMIL MEDICAL ASSOCIATION
CHARITABLE FOUNDATION

PROJECT SPONSOR DISCLOSURE FORM

The sponsoring member is required to disclose financial information - assets such as stock, [debt]s such as [loan]s, and/or corporate positions held.

Name of the Sponsor:

Name of the Project (Entity):

Address of the project (Entity):

Principal function of project:

AT THIS TIME, I HAVE NOTHING TO DISCLOSE ( )

I will disclose any change in my interest/position with the entity in the future as soon as it happens.

I am disclosing the following significant financial interests related to the project or the entity involved with the project which is proposed to ATMA. (Responses should include the sponsor, his/her spouse, and any dependent children.)

Are you a director, officer, partner, trustee, or employee of the entity?	Yes( )	No( )
Do you hold an equity position in the entity?	Yes( )	No( )
Have you received any income or gifts from the entity other than the reimbursement of the expenses incurred for the project?	Yes( )	No( )
Have you lent any money to the entity?	Yes( )	No( )
Do you have an interest in any intellectual property rights belonging to the entity?	Yes( )	No( )

If any of the questions is answered ‘yes’, explain in a separate letter.

Sponsor’s Certification:
I swear that above statements are true and correct.

Signed: Date:

Name:

If any of the statements is falsified, the project will be disqualified and the funding will be withdrawn. The member will face disciplinary action.