

MAGIC Grants Policies Acceptance Sheet
Policies to be attached on the pages below

Name: _____

Position: _____

Date Signed (YYYY-MM-DD): _____ - ____ - ____

Policy	Date Updated	Signature
MAGIC Anti-Discrimination Policy	2021-11-29	
MAGIC Anti-Money Laundering and Counter-Terrorist Financing Policy	2021-11-29	
MAGIC Code of Ethics	2021-11-29	
MAGIC Compensation Policy	2021-11-29	
MAGIC Conflict of Interest Policy	2021-11-29	Please review the Policy and complete the Conflict of Interest Questionnaire
MAGIC Document Retention Policy	2021-11-29	
MAGIC Fiscal Policy	2021-11-29	
MAGIC Gift Acceptance Policy	2021-11-29	
MAGIC Investment Policy	2021-11-29	
MAGIC Whistleblower Policy	2021-11-29	

Please return the signed document to info@magicgrants.org

Conflict of Interest Questionnaire

Name:

Date:

Position:

I affirm the following:

- I have received a copy of the Multidisciplinary Academic Grants in Cryptocurrencies (MAGIC Grants) Conflict of Interest Policy _____ (initial)
- I have read and understand the policy _____ (initial)
- I agree to comply with the policy _____ (initial)
- I understand MAGIC Grants 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 _____ (initial)
- I understand MAGIC Grants may require identifying documents from me to assist with the enforcement of this Conflict of Interest policy _____ (initial)

Please list any financial interests (current or potential) as defined in the Conflict of Interest policy:

Signature

Please return the signed document to info@magicgrants.org