

**WHISTLEBLOWER POLICY OF
LEWIS AND CLARK COUNTY COMMUNITY FOUNDATION**

By Resolution duly made and carried, the Board of Directors of the Lewis and Clark County Community Foundation (LCCF) approves and adopts the following statement as an official policy of LCCF and directs the President to ensure that it is given to and acknowledged by any and all employee and contractors of LCCF (collectively referred to herein as the parties or individually as a party). In addition, the President will ensure that whistleblower protection notification is posted in the LCCF office, and as may otherwise be required by state or federal law.

Policy: If any party reasonably believes that some policy, practice, or activity of LCCF is in violation of law, a written complaint may be filed by that party with the President.

It is the intent of LCCF to adhere to all laws and regulations that apply to the organization, and the underlying purpose of this Policy is to support the organization's goal of legal compliance. The support of all parties is necessary to achieving compliance with various laws and regulations.

A party is protected from retaliation only if the party brings the alleged unlawful activity, policy, or practice to the attention of the President and provides the President with a reasonable opportunity to investigate and correct the alleged unlawful activity. The protection described below is only available to parties that comply with this requirement.

LCCF will not retaliate against any party who, in good faith, has made a protest or raised a complaint against some practice of LCCF or of another individual or entity with whom LCCF had a business relationship, on the basis of a reasonable belief that the practice is in violation of law or a clear mandate of public policy.

LCCF will not retaliate against any party who discloses or threatens to disclose to a supervisor or a public body any activity, policy, or practice of LCCF that the employee reasonably believes is in violation of a law, or a rule, or regulation mandated pursuant to law or is in violation of a clear mandate or public policy concerning health, safety, welfare, or protection of the environment.

My signature below indicates my receipt and understanding of this Policy. I also verify that I have been provided with an opportunity to ask questions about the Policy.

Signature

Date

Relationship to LCCF