

Conflict of Interest Disclosure Statement

This disclosure statement must be completed annually and updated immediately upon any change in circumstances. Please fill out the information below, print the document, and provide your physical signature.

1. Declarant Contact Information

Full Name:

Job Title / Position:

Department / Division:

Email Address:

2. Disclosure Details

Question 1: Do you, or an immediate family member, have a financial interest in, or serve as an officer, director, partner, or employee of, any entity that does business with our organization?

Your Response (Yes / No / Details):

Question 2: Have you, or an immediate family member, accepted any gifts, entertainment, or favors from entities doing business or seeking to do business with our organization?

Your Response (Yes / No / Details):

Question 3: Do you engage in any outside professional activities, consulting, or employment that may compete or conflict with your duties here?

Your Response (Yes / No / Details):

Question 4: Are there any other relationships, commitments, or activities that could represent a potential, actual, or perceived conflict of interest?

Your Response (Yes / No / Details):

3. Attestation and Signature

By signing below, I certify that the information provided in this disclosure is true, accurate, and complete to the best of my knowledge. I agree to promptly submit an updated statement if any of these facts change.

Printed Name:

Physical Signature:

Date signed: