

CONFLICT OF INTEREST DISCLOSURE FORM (HRSA template)

Per 2 CFR 200.112, the non-federal entity must disclose in writing any potential conflict of interest to the Federal awarding agency or pass-through entity in accordance with applicable Federal awarding agency policy.
 (*This is a template for you to review and modify as needed. It is from the HRSA.gov site.)

A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed.

This Conflict of Interest Form should indicate whether _____ (staff working with/directing a grant, pass-through entity staff choosing subrecipient, etc.) has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by his/her participation in _____ (subrecipient selection process, grant program, procurement process).

Any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest should be disclosed. Relevant Federally and organizationally established regulations and guidelines in financial conflicts must be abided by. Individuals with a conflict of interest should refrain from _____ (participating in subrecipient selection, participating in the grant, participating in procurement decisions).

Date	
Name	
Position	

Check appropriate box below, and please describe any relationships, transactions, positions you hold (volunteer or otherwise) or circumstances that you believe could contribute to a conflict of interest.

<input type="checkbox"/>	<i>I have no conflict of interest to report.</i>
<input type="checkbox"/>	<i>I have the following conflict(s) of interest to report. (Specify other non-profit boards you or your spouse sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and any businesses you or a family member own.)</i>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature	
Date	