CONFIDENTIAL

2015 - Conflict of Interest and Commitment Disclosure Statement for Staff

Name:
Title:
Department and Box Number:
Supervisor's Name:
Department Head Signatory:
Senior Officer:

Read the University’s Conflict of Interest and Commitment Policy and its related guidelines before completing this form.

1. The University’s Conflict of Interest and Commitment Policy defines two types of significant financial interest:
   a) Receipt of anything of monetary value from a single source exceeding $5,000 annually. Examples include salary, royalties, gifts, and payments for services including consulting fees and honoraria. Excluded are inheritances, and income from debt obligations of the US, state, or local governments, certificates of deposit, blind trusts, and broadly diversified mutual funds and brokerage accounts managed by third parties.
   b) Ownership of an equity interest exceeding the lesser of 5% or $100,000 in any single entity, excluding US, state, or local government debt obligations, certificates of deposit, blind trusts, and broadly diversified mutual funds and brokerage accounts managed by third parties.

Are there entities in which you have a significant financial interest that you know do business, indirectly or directly, with Brown?
   □ No
   □ Yes, List ____________________

2. The University’s Conflict of Interest and Commitment Policy defines a family member as a spouse, domestic partner, parent, child, sibling, or member of your household. Are any of your family members either employed by the University or are students at the University?
   □ No
   □ Yes, Name your family members and indicate if they are students or employees. If they are employed by the University state their position(s) _____________________

3. Have you been in the past or are you now able to exercise control or influence over a business relationship between Brown and a family member or an associate (defined as any individual or organization with whom you have a close personal or business relationship such that a benefit to the associate could be construed as a personal favor by you and/or an indirect benefit to you personally)?
   □ No
   □ Yes, Please identify the individual and the business relationship in question. Please provide any other information that would be helpful in understanding the nature of the referenced relationship _____________________

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4. Do you have any service or professional engagements in which you serve in a position of responsibility, such as an officer or a member of a board of directors.

□ No
□ Yes, Please describe

5. List all gifts or favors valued at $200 or more from a single source in the last 12 months (excluding business meals and professional printed matter) if given by an entity or person employed by, conducting business with, or likely to conduct business with the University (e.g., a vendor, sponsor, donor, student, or student’s parent). Use additional sheets if necessary. Check the box “None” below if applicable.

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<tr>
<th>Source</th>
<th>Item and Value</th>
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<tr>
<td>□ None</td>
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6. The previous questions ask you to describe your affiliations and activities. Are there any actual or potential conflicts of interest or commitment that you have as a result of these or other interests, activities, or relationships?

□ Yes (if yes, describe below or on attached sheets) □ No

I affirm, as an employee of Brown University, that I have read the University’s Conflict of Interest and Commitment Policy and its related guidelines, and I agree to comply with the Policy and to report potential or actual conflicts to my supervisor when they arise.

______________________________  ____________
Employee’s signature          Date

Forward your signed disclosure form to your supervisor.

I have reviewed this form and discussed the contents with the employee. I have determined that (check one):

a. ____ No activities or affiliations have been disclosed and, therefore, no potential conflicts exist.

b. ____ The activities and/or affiliations disclosed do not pose potential conflicts.

c. ____ The activities and/or affiliations disclosed pose potential conflicts. I have attached a plan for managing the conflicts.

______________________________  ____________
Supervisor’s signature          Date

If a. is checked, only the assigned supervisor for this employee is required to sign the form. If b. or c. above is checked, a secondary reviewer’s signature is required. The secondary reviewer shall be the assigned department head for the employee or, when the assigned department head is also the employee’s supervisor, the senior officer of the division. The same person cannot sign both as an employee’s supervisor and as his or her secondary reviewer.

I have reviewed these disclosures and any management plans that are warranted, and I consider them adequate to address the substance and/or the appearance of any conflict that could arise from the disclosed interests, activities, or relationships.

______________________________  ____________
Secondary reviewer’s signature  Date

Forward the signed original to the assigned senior officer for this employee. Assigned senior officers: Record form’s completion and forward it to Human Resources, Box 1879.

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