

Professional Service Contracts with Independent Contractors

Potential Conflict of Interest Disclosure & Approval Form

Our unit plans to receive services from a contractor or supplier/company with which an employee has a relationship. In order to assist in disclosing this information, I am providing the following conflict of interest (COI) information.

1. Name of Department:
2. Name of Contractor:
3. Name of employee whose relationship with the contractor creates the potential conflict:
4. Type of relationship the employee noted above has with our department: <input type="checkbox"/> No relationship with the department that initiated the contract <input type="checkbox"/> Is an employee of the department or unit <input type="checkbox"/> No direct employment relationship with the department but works closely with the department as an employee of the university in the following manner:
5. Description of the services being procured:
6. Provide the details of the transaction including a) other quotes obtained, b) if a contract has been awarded, c) the duration of the contract, and d) the financial terms of the transaction:
7. Explanation of the business needs for this service and justification for selecting this contractor over other bidders/qualified candidates:

The individual with the potential conflict should **not** participate in **any way** with the selection of the service or supplier/contractor or be involved in the awarding of the business. This includes but is not limited to:

- Suggesting the service for which they have a conflict
- Participating in the evaluation of the alternative purchase options
- Participating in the decision process to procure
- Participating in the contracting for funding of the procurement decision
- Participating in the supervision or acceptance of the service purchased
- Developing or participating in the development of product specifications or scope of service

☐ Agree. The individual with the potential conflict was not and will not in any way, as outlined above, be involved in the procurement of the services.

☐ Disagree. The individual was/will be involved in the following way, and we are requesting an exception to allow for this purchase because the involvement was absolutely essential for the following reason (include what controls were in place to ensure that others reviewed the decision-making). **Explain:**

The individual is required to adhere to the Faculty, Employee, and ORSP Handbooks regarding Conflicts of Interest in employment and research projects.

Note: The completion of this form does not constitute approval of this potential COI purchase. ORSP has the discretion to determine whether the justification provided in this document is sufficient. ORSP will complete the box below, with approval or denial, and return to the requestor. The requestor may seek appeal according to University procedures.

Signature of Requestor:	Date:
Printed Name:	
Signature of Dean or Vice President (required):	Date:
Printed Name:	
Title:	

For ORSP Use Only	
Procurement with potential COI request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied If Denied, reason:	
Signature of Director ORSP:	Date:

