

# VC Administration, University of California, Berkeley

## CONFLICT OF INTEREST CERTIFICATION - PART A

### DEFINITIONS:

Conflict of Interest	The entanglement of an individual's private interests with his or her professional obligations, such that an independent observer might reasonably question whether the individual's professional actions or decisions are improperly influenced by considerations of personal financial gain. These interests most often relate to income, loans or gifts to the individual, and ownership, investments or positions held by the individual – but could also arise as a result of a personal relationship or the interests of a near relative. <i>UC policy relating to research activities extends to the investigator's spouse and dependent children; other policies relating to purchasing decision-making extend to siblings, parents and in-laws.</i>
Employee	Any individual who is presently employed by the University.
Employee with Teaching or Research Responsibilities	An academic appointee who is engaged in teaching and/or research activities, and certain staff employees (e.g., Staff Research Associates) who may participate in teaching or research activities.
Financial Conflict of Interest	A financial or other interest in, or a tangible personal benefit from an organization considered for a contract. Financial benefits (whether real or perceived) can be derived from relationships in which an individual has the potential to receive a salary, gift, royalty, intellectual property rights, consulting fee, honoraria, or other financial benefit. A set of circumstances that reasonable observers would believe creates an undue risk that an individual's judgment or actions regarding a primary interest of the University will be inappropriately influenced by a secondary financial interest.
Former Employee	An individual who has retired or separated from the University, was dismissed, or was otherwise formerly employed by the University
Near Relative	The spouse, child, parent, brother, sister, son-in-law, daughter-in-law, father-in law, mother-in-law, brother-in-law, or sister-in-law of a University employee, and step-relatives in the same relationship. <ul style="list-style-type: none"> <li>Near relative also includes the domestic partner of a University employee and a relative of the domestic partner in one of the foregoing relationships.</li> </ul>
1. 1. Are you currently an employee of any entity of the University of California (including but not to any campus, medical center, lab or the Office of the President)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. 2. Are you a former employee, within the last two years, of any campus, medical center, and/or lab of the University of California?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. 3. Are you a near relative of an employee of any campus, medical center, and/or lab of the University of California?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. 4. Is this agreement with the department in which you or your near relative currently or previously work?	<input type="checkbox"/> YES <input type="checkbox"/> NO

- ❖ If you answered "Yes" to any of the questions above: you must complete Part B. *Note: A separate Part B is required for each individual identified above.*
- ❖ If you answered "No" to all the questions above, skip PART B, go to the end to sign and date the certification statement.

Company Name:

Contact Name:

Email: \_\_\_\_\_

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## CONFLICT OF INTEREST CERTIFICATION - PART B

Complete this page if you answered yes to any of the three questions in Part A. Prepare a separate Part B for each individual as needed (Example: You need to prepare two (2) Part B sections if you were an employee within the last two years and you also have a near relative who is currently employed by the University).

**Please provide further explanation for every “yes” response:**

**UC Employee Name:** \_\_\_\_\_ **Nature of Relationship:** \_\_\_\_\_

**UC Location:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Date of Separation:** \_\_\_\_\_

Will you or your near relative be providing goods or services?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are those goods or services available through other commercial sources or through the University?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or your near relative currently work in the department you are contracting with?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have or will you or your near relative be involved in any aspect of engaging this contract (i.e. planning, negotiations, transactions, arrangements, recommendations, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have or will you or your near relative be overseeing any aspect of this contract (i.e. Supervising, selecting, overseeing details of contract, approvals of funding, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or your near relative have any past, current, or future responsibility for, or involvement in this contract?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Please describe all your financial interests (or the financial interests of your near relative) through, in or with any business entity involved in this contract:</b>	
Do you own or control more than 10% interest in a business which proposes to rent or sell goods or provide services to the University?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your near relative own or control more than 10% interest in a business which proposes to rent or sell goods or provide services to the University?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you or your near relative a director, officer, partner, trustee, employee or hold any position of management in this organization?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or your near relative hold stock or other investment interests with the above listed contractor/collaborating organization?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you or your near relative an owner or partner of the above listed organization?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have or will you or your near relative receive royalties paid by, or licenses and other agreements held with the above listed contractor/organization?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or your near relative have any business arrangements, consultant agreements, pending severance arrangements with the above listed contractor/ organization?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or the near relative have any interest in real property with the contractor/collaborating organization?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are the personal finances, income, assets or liabilities of you or your near relative likely to go up or down by \$250 or more in a 12 month period as a result of this contract?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you certify that no University time, material, equipment, or facilities have been or will be used in connection with any resulting purchase order or contract?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Additional Supporting Information:**

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## CERTIFICATION

I certify that the information I have submitted is accurate, true and complete to the best of my knowledge. I affirm that the information below pertains to me, my spouse, dependent children, relatives with whom I have a close personal relationship, and household members. In the event that my certification statement requires additional information, I agree to comply with the University's request to provide more detailed information.

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### To be completed by the Potential Supplier:

Date:

Company Name:

Contact Name:

Signature \_\_\_\_\_

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### To be completed by UC, Berkeley, Supply Chain Management, Chief Procurement Officer, Supply Chain Management:

Approved:  Yes  No

Date:

Signature \_\_\_\_\_

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