

Ethical/Conflict of Interest Disclosure

The purpose of this form is to provide grant applicants a mechanism to disclose any actual, perceived, or potential individual or organizational conflicts of interest that exist. Any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest should be disclosed. If a conflict of interest is discovered at any time after submission of this form, Applicant will immediately provide full disclosure in writing to MSNHA/UNA. If a conflict of interest is determined to exist, MSNHA/UNA may, at its discretion, take action.

This form must be completed, signed, and returned for any grant applications submitted to MSNHA/UNA.

Applicant Name: _____

Organization Name: _____

Grant Program: _____

Please check all that apply:

_____ I am an employee of UNA and/or MSNHA.

_____ I have a financial interest in the matter.

_____ My immediate family member and/or business partner has a financial interest in the matter.

_____ I am an officer, director, trustee, partner or employee of a business organization, and the business organization has a financial interest in the matter.

_____ I am currently debarred or suspended from receiving federal funds.

If yes, please explain on a separate sheet of paper

_____ The Organization applying for the Grant is currently debarred or suspended from receiving federal funds.

If yes, please explain on a separate sheet of paper

I hereby swear or affirm that the information provided above is true and correct to the best of my knowledge.

As a UNA employee, I understand that I am required to adhere to the State of Alabama Ethics Laws and agree to do so accordingly. (Applicable to UNA employees only)

Signature: _____

Printed Name: _____ Date: _____