

Confidential

CONFLICTS DISCLOSURE FORM

The following information is required by the Conflicts Policy adopted by the Board on February 12, 2005. All terms used in this Form are as defined in the [Policy](#). Please direct any questions to the University General Counsel at 802-656-8585 or Sharon.Reich.Paulsen@uvm.edu

TRUSTEE Name: _____

Employers

Name of Employer	Your Position

Affiliates¹ of Trustee (including your occupation)

Name of your Affiliate	Nature of your Affiliation

¹ An *affiliate* includes a business, association, corporation, or other legal entity in which a Trustee or a member of his/her immediate family is a director, trustee, officer, partner, joint venturer, principal, employee, owner, and/or holder of five percent (5%) or more of voting stock or a controlling interest. In addition, an affiliate is an entity from which the Trustee or a member of his/her immediate family otherwise annually receives or has the right to receive \$10,000 or more compensation, income, or other financial consideration or value.

Affiliates of Trustee Family Members² (including the nature of the affiliation)

Name of Family Member	Family Member's Relationship to Trustee	Affiliate	Nature of the Affiliation

Please identify the following:

- (1) Any family members currently employed by or enrolled at the University:

- (2) Any University employees or students whom you employ or otherwise retain for services:

- (3) Any contract or contract negotiations in progress between you or a family member or affiliate and the University:

² A spouse or civil union partner, child, parent, sibling, or such relations by marriage or civil union partnership (wherever residing), person claimed as a dependent for federal income tax purposes (wherever residing), and any relative residing in the same household as the Trustee. There may be other family members as to whom disclosure should also be made to avoid the appearance of a conflict, and doubts should be resolved in favor of disclosure.

(4) Any gifts or loans you or a family member received from the University or from any source with which the University has significant commercial or philanthropic dealings:

(5) Any other organizations on which you or a family member serves as an officer, trustee, director or member:

I certify as follows:

1. I have read the Conflicts Policy and the most current Conflicts Disclosure Form the University has on file for me.

_____ The representations on the most current Conflicts Disclosure Form are accurate and complete to the best of my knowledge after exercise of due diligence.

_____ I have updated and herewith submit an updated Conflicts Disclosure Form, which is accurate and complete to the best of my knowledge after exercise of due diligence.

2. I agree to conduct myself in a manner consistent with the Conflicts Policy, in good faith and to the best of my ability.

3. I agree to update this form as circumstances dictate and otherwise as annually required.

Signed and dated by me, this ____ day of _____, 202__

Signature

Received and filed:

Date:

Assistant Secretary to the Board

cc: Trustee Coordinator, General Counsel
