

Doc. T03-076

Passed by the Board of Trustees on November 5, 2003

**UNIVERSITY OF MASSACHUSETTS
CONFLICT OF INTEREST DISCLOSURE POLICY FOR TRUSTEES**

WHEREAS, the proper governance of the University of Massachusetts depends on trustees who give their time and talent for the benefit of the University; and

WHEREAS, the giving of this service, because of the varied interests and backgrounds of trustees, may result in situations giving rise to possible conflicts of interest; and

WHEREAS, the State Conflict of Interest Law, G.L. c. 268A, applies to trustees; and

WHEREAS, it is necessary and desirable to avoid conflict of interest, while encouraging and supporting the service of trustees;

NOW, THEREFORE, BE IT RESOLVED: That the following conflict of interest policy is hereby adopted for the University of Massachusetts:

1. Timely and full disclosure of any duality of interest concerning the trustee and the University on the part of any trustee should be made to the President and the General Counsel. Upon administrative review, the President shall advise the Chair and the affected trustee as to any issue relating to the conflict of interest law. The President may determine there is no conflict, there is a possible conflict, or impose conditions to avoid any conflict.
2. This policy is not intended to replace, supercede, or in any way affect the jurisdiction of the State Ethics Commission. It is understood that any matter raising a possible or actual conflict of interest should be referred to the Commission. The policy is intended to aid in the compliance function of the Commission and to assist trustees in the performance of their statutory and fiduciary duties.
3. In addition to the requirements of paragraph 1, trustees shall file annually a completed questionnaire in the form of Attachment A to this policy.

ATTACHMENT A

BOARD OF TRUSTEES CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE

NAME: _____

I have read The University of Massachusetts Conflict of Interest Disclosure Policy and am filing this form in accordance with that Policy.

1. Offices and Positions.

Are you, or a member of your immediate family (spouse, parents, of you or spouse, children, brothers and sisters) an officer, director, trustee, partner (general or limited), employee or regularly retained consultant of any organization that may have business dealings with the University or an organization affiliated with the University?

YES _____ NO _____

If “YES”, please provide the following information:

Name of Organization: _____
Position Held: _____
Person Involved and
Relationship to You: _____
Type of Business: _____
Amount of Business with
the Institution: _____

2. Ownership Interests.

Do you, or does any member of your immediate family, have a financial interest of 5% or greater in, or receive any remuneration or income from, any business organization that may, during the next year, have business dealings with the University or an organization affiliated with the University?

YES___ NO_____

If “YES”, please provide the following information:

Name of Organization: _____
Person Involved and
Relationship to You: _____
Name of Interest: _____
Amount of Interest: _____

3. Remunerative Activities.

Do you, or does any member of your immediate family expect to receive in the current or future year gifts, loans, or remuneration for services (other than salary as an employee) in excess of \$50.00 from an organization with which there is a reasonable possibility the University or an affiliated organization may in the next year have business dealings?

YES _____ NO _____

If "YES", please provide the following information:

Organization: _____
Nature of
Remuneration: _____
Amount or Value: _____

4. Other State Agencies.

Do you, or does any member of your immediate family, have or expect to have a direct or indirect financial interest in a contract with another state agency (e.g. the MBTA, the Department of Conservation & Recreation, or the Department of Public Health)?

YES _____ NO _____

If "YES", please provide the following information:

State Agency: _____
Person Involved and
Relationship to You: _____
Name of Interest: _____

5. Other Involvement:

Do you, or does any member of your immediate family, have involvement in any entity sufficient to create a real or potential conflict with the best interests of the University (e.g. service on the board of another institution of higher learning; standing to personally benefit by means of a transaction or relationship with the University; or representing a client who stands to benefit from a transaction involving the University)?

YES _____ NO _____

If "YES", please explain in detail: _____

SIGNATURE