

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