

## **Financial Interest Disclosure and Certification Form**

State law and System Policy 07.03 prohibit institutions from entering into a contract for the purchase of goods or services with a private vendor with whom designated System and Member employee or their close family members have a financial interest. The policy requires the annual completion of this form to ensure System and member compliance with the contracting prohibition.

**Instructions:** **Covered employees** are required to annually file a Financial Interest Disclosure and Certification Form with the System Ethics & Compliance Officer, disclosing the **financial interests** of the employee and their **close family members** in a **private vendor**.

Covered employees include:

-System employees or those employees having job duties equivalent to the listed employees:

- chancellor;
- chief financial officer;
- vice chancellors;
- chief auditor;
- general counsel;
- system ethics & compliance officer; or
- chief procurement officer or director

-Member employees or those employees having job duties equivalent to the listed employees:

- CEO;
- provost;
- chief financial officer;
- vice presidents;
- deans;
- deputy or associate agency directors;
- ethics & compliance officer; or
- chief procurement officer or procurement director

**Close family members** include the following relatives:

Relatives by Affinity (Marriage). The following persons are relatives of an employee within the second degree by affinity:

- Spouse
- Spouse's child
- Spouses' parent
- Spouse's sibling
- Spouse's grandparent
- Spouse's grandchild
- Child's spouse
- Parent's spouse
- Sibling's spouse
- Grandparent's spouse
- Grandchild's spouse

Relatives by Consanguinity (Blood). The following persons are relatives of an employee within the second degree of consanguinity:

- Parent
- Child
- Sibling
- Grandparent
- Grandchild

For purposes of this form, an adopted child is treated as the natural child of the adoptive parents.

A “**private vendor**” means any private business entity that could conduct business with the System.

A “**financial interest**”, as defined in state law and System Policy 07.03, means to own or control an ownership interest of at least one percent, including the right to share in the profits, proceeds, or capital gains, in any vendor. This term also includes situations in which the employee could reasonably foresee that a contract with a private vendor could result in a financial benefit to the employee or the employee’s covered relatives. NOTE: the term does NOT include retirement plans, blind trusts, and insurance coverage.

**Financial Interest Disclosure and Certification Form for Calendar Year 2022**

- 1) Do you own or control an ownership interest of at least one percent, including the right to share in the profits, proceeds, or capital gains, in any private vendor? **NOTE:** This question excludes retirement plans, blind trusts, and insurance coverage.

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- 2) Can you reasonably foresee that a contract between your System member and a private vendor could result in a financial benefit to you? **NOTE:** This question excludes retirement plans, blind trusts, and insurance coverage.

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- 3) If you answered “yes,” to items 1 or 2, please provide the following: **the name of the private vendor(s) at issue; the type of interest; the amount** and, if known, **the value of the interest.**

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- 4) To the best of your knowledge, do any of your covered relatives own or control an ownership interest of **at least one percent**, including the right to share in the profits, proceeds, or capital gains, in any private vendor? **NOTE:** This question excludes retirement plans, blind trusts, and insurance coverage.

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- 5) To the best of your knowledge, can you reasonably foresee that a contract between your System member and private vendor could result in a financial benefit to any of your covered relatives? **NOTE:** This question excludes retirement plans, blind trusts, and insurance coverage.

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- 6) If you answered “yes,” to item 4 or 5, please provide the following: **the name of the private vendor(s) at issue.**

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**Certification**

**I certify that the information provided herein is true and accurate to the best of my knowledge and I acknowledge that I have a continuing duty to disclose if I later become aware of a financial interest covered by the above items 1, 2, 4 or 5.**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_