

**UC PROCUREMENT SERVICES  
REPORT AND CERTIFICATION OF PROPOSED TRANSACTION  
INVOLVING A POTENTIAL CONFLICT OF INTEREST**

Each individual or company offering to provide goods or services to the University must complete this form ***if that individual or company meets any of the below criteria:***

- A. Are or owned by a current UC employee of any location
- B. Are or owned by a former UC employee of any location, who has been separated for less than two (2) years (retired, dismissed, separated, or formerly employed)
- C. Are or owned by a current UC employee of any location, who owns or controls 10% or greater interest in a business that will provide goods or services to the University
- D. Are or owned by a near relative of a current UC employee of any location (*spouse, domestic partner or relative of the domestic partner, child, parent, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law of a University employee, and step-relatives in the same relationship*)
- E. Are or owned by a near relative of a current UC employee of any location, when that near relative owns or controls 10% or greater interest in a business that will provide goods or services to the University
- F. Any UC employee will be paid by the proposed supplier for the proposed transaction.

Full Legal Name of proposed supplier:	Name of UC Employee:
Which of the above listed criteria (A-F) best meets your situation?	

**Please indicate which of the following is applicable:**

I am a:

**current UC employee**

UC location where employed	Department where employed	Job Title
Does your position include teaching or research responsibilities? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Description of UC employment job duties:		

**former UC employee, who has been separated for less than two (2) years (retired, dismissed, separated, or formerly employed)**

UC location where employed	Department where employed	Job Title	Separation Date:
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**near relative of a current UC employee (spouse, child, parent, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, and step relatives and domestic partners in the same relationship)**

Name of relative (UC employee)	Relationship to current UC employee
Relative's UC Campus and Department	Does your near relative UC employee's position include teaching or research responsibilities? <input type="checkbox"/> YES <input type="checkbox"/> NO

**Current and former employees ONLY:** Do you/Did engage in any of the negotiations, transactions, planning, arrangements, or any part of the decision making process relevant to the transaction while employed by any University location?  YES  NO

**Current and former employees ONLY:** Has any/Did any of your University time, University material, University equipment, or was University facilities used or will be used in connection with the proposed transaction?  YES  NO

**Relatives of UC employees ONLY:** Does your near relative have any past, current, or future responsibility for, involvement in, or direct or indirect influence on any of the negotiations, transactions, planning, arrangements, or any part of the decision making process relevant to the proposed transaction?  YES  NO

**For former employees ONLY:** did you hold a policy-making position in the same general subject area as the proposed transaction, during the last twelve (12) months of UC employment?  YES  NO

If you answered **YES** to any of the above questions, please explain. Attach additional sheet if needed:

Describe the goods and/or services:

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Have the goods and/or services already been provided to the UC?  YES  NO

Are these goods and/or services available in the commercial market by other providers?  YES  NO

I certify that the above information is true: \_\_\_\_\_  
Signature of UC employee, former UC employee, or near relative of current UC employee

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

**UC Department Certification ONLY**

Are these goods and/or services available from the University's own facilities?  YES  NO

How did your department learn of this provider?

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Department Head Name	Signature	Date
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**UC LOCATION PROCUREMENT ONLY**

Has this supplier gone through the conflict of interest process before (check the COI database)?  YES  NO

If Yes, what was the determination? \_\_\_\_\_

Procurement Manager	Material Manager	Date
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Approves  Denies

Check here if the "UC Justification For Proposed Transaction Involving a Potential Conflict of Interest" is attached