**CONFLICT OF INTEREST**

**DISCLOSURE FORM**

Our unit plans to purchase goods/services from a University of Michigan employee or from a supplier with which an employee has a relationship. In order to assist Procurement Services in requesting approval for this purchase we are providing the following information:

1. Name of department:

Click here to enter Name of department.

1. Name of supplier:

Click to enter name of supplier.

1. Name of employee(s) whose relationship with the supplier creates the conflict:

Click to enter name(s) of employee(s).

1. Type of relationship the employee has with the department:

[ ]  No relationship with the department that made the purchasing decision.

[ ]  An employee of the department or unit.

[ ]  No direct employment relationship with the department but works closely with the department as an employee of the University in the following manner:

Click here to enter text.

1. Description of the good or service being purchased:

Click or tap here to enter text.

1. Provide the details of the transaction, which include the duration of the contract, if a contract is awarded, and the financial terms of the transaction:

Click or tap here to enter text.

1. Explanation of the business need for this good or service:

Click or tap here to enter text.

1. The individual with the conflict should not participate in any way with the selection of the product, service, or supplier or be involved in the awarding of the business. This includes NOT:
	1. Suggesting the product or service for which they have a conflict.
	2. Participating in any way in the evaluation of the alternative purchase options.
	3. Participating in any way in the decision process to buy.
	4. Participating in the contracting or funding of the purchase decision.
	5. Participating in the supervision or acceptance of the product or service purchased.
	6. Developing or participating in the development of product specifications or scope of service.

[ ]  Agree; the individual with the conflict of interest was not and will not be in any way, as outlined above, involved in the purchase of the good or service.

[ ]  Disagree; the individual was/will be involved in the following way and we are requesting an exception to allow this purchase because this involvement was absolutely essential for the following reason (include what controls were in place to ensure that others reviewed the decision-making). Explain:

1. **Wherever possible, purchases should not be sole-sourced to a COI supplier.** The award of the purchase to the COI supplier was determined by the following means:

[ ]  Good or service was bid to multiple suppliers and this supplier offers the best pricing.

[ ]  Good or service was bid to multiple suppliers and this supplier offers the most appropriate product or service and was selected although the pricing was not the best offered. Explain.

Click or tap here to enter text.

[ ]  Good or service was not bid to multiple suppliers, the individual with the conflict was not involved in the purchasing process and the following is the reason that bidding this good or service was not at all possible:

Click here to enter text.

[ ]  Good or service was not bid to multiple suppliers and the individual with the conflict was involved in the purchasing process. An exception to this should be considered because it was not feasible to either bid this or have the individual uninvolved in the purchasing process. Explain.

Click or tap here to enter text.

***NOTE:*** *The completion of this form does not constitute approval of this COI purchase. Procurement Services has the discretion to determine whether the justification provided in this document is sufficient to submit this transaction for Regental approval.*

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|  |  | Click to enter date. |
| Signature of Requestor |  | Date |
| Click or tap here to enter Requestor’s Name. |  |  |
| Printed Name |  |  |
|  |  |  |
|  |  | Click to enter date. |
| Signature of Dean/Director/Department Head |  | Date: |
|  |  |  |
| Click here to enter Dean/Director/Department Head’s Name. |  |  |
| Printed Name |  |  |
|  |  |  |
| Click here to enter Title. |  |  |
| Title |  |  |