



REPORT AND CERTIFICATION OF PROPOSED TRANSACTION INVOLVING A POTENTIAL CONFLICT OF INTEREST

INSTRUCTIONS

Each person offering to provide goods or services to the University must complete this report when that person is:

- a current UC employee
• a former UC employee, who has been separated for less than two (2) years (retired, dismissed, separated, or formerly employed)
• a current UC employee, who owns or controls ten percent (10%) or greater interest in a business that will provide goods or services to the University
• a 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 in the same relationship)
• a near relative of a current UC employee, when that near relative owns or controls ten percent (10%) or greater interest in a business that will provide goods or services to the University

Completion of this report does not constitute authorization to begin work.

Form with fields: Full Legal Name, Name of Business, UC campus or facility where employed, Department where employed, Separation Date if applicable, Description of UC employment job duties, and a checkbox question: If you are, or your near relative is a current UC employee, does the position include teaching or research responsibilities? YES NO

Please indicate which of the following is applicable:

I am a:

- checkbox current UC employee
checkbox former UC employee, who has been separated for less than two (2) years (retired, dismissed, separated, or formerly employed)
checkbox current UC employee, who owns or controls ten percent (10%) or greater interest in a business that will provide goods or services to the University
checkbox 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 in the same relationship)

Form with fields: Name of relative, Relationship to current UC employee, Relative's UC Campus and Department

- checkbox near relative of a current UC employee, when that near relative owns or controls ten percent (10%) or greater interest in a business that will provide goods or services to the University

Form with fields: Name of relative, Relationship to current UC employee, Relative's UC Campus and Department

**Current and former employees ONLY:** Do you/Did you 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

**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 either of the above questions, please explain (use and attach additional sheets as necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe the goods or services proposed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are these goods and/or services available commercially?  YES  NO

If you answered NO to the above questions, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

**UCSB 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, and why did you choose this provider?

\_\_\_\_\_  
\_\_\_\_\_

|                      |           |      |
|----------------------|-----------|------|
| Department Head Name | Signature | Date |
|----------------------|-----------|------|

**UCSB MATERIEL MANAGEMENT ONLY**

|                     |                  |      |
|---------------------|------------------|------|
| Procurement Manager | Materiel Manager | Date |
|---------------------|------------------|------|

Approves  Denies