

**DISCLOSURE OF SUBSTANTIAL INTEREST**

**CONFLICT OF INTEREST FORM**

Purchasing Use Only: Document #:
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**THE UNIVERSITY OF ARIZONA  
PROCUREMENT AND CONTRACTING SERVICES**

Please provide **all** information requested in sections 1-4. **Incomplete forms will be returned for completion.**

**\* Section 1: EMPLOYEE INFORMATION**

Employee Name: \_\_\_\_\_ UA EID: \_\_\_\_\_  
Department Name: \_\_\_\_\_ Department Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Department Campus Address: \_\_\_\_\_ PO Box: \_\_\_\_\_  
Department Head: \_\_\_\_\_ Email address: \_\_\_\_\_

**Please provide a full description of your position/relationship with the University that may constitute a Conflict of Interest** (e.g., if you are a University of Arizona employee, list your job title and describe your duties):

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

**\*Section 2: Please explain your relationship to the Company/Individual (vendor):**

1. Name of Company or Individual who may be contracted to provide goods or services to the University?

A. If a Company:

1. What goods or services may be provided by this Company to the University?

2. Do you have ownership in the business?  Yes  No If "Yes", describe your involvement with the company, including percent of ownership: \_\_\_\_\_

If "Yes", your signature in Section 4 certifies that you did not establish this company to avoid the requirements of A.R.S. §38-503(C) relating to conflict of interest.

3. Do you work at this company?  Yes  No If "Yes", what is your position at the company?

4. Do you have a relative that **owns** all or part of this company?  Yes  No If "Yes", state their relationship to you.

5. Do you have a relative that **works** at this company?  Yes  No If "Yes", state their relationship to you.

B. If an Individual:

1. What goods or services may be provided by this Individual to the University?

2. What is the Individual's relationship to you? \_\_\_\_\_

**\* Section 3: BUSINESS/INDIVIDUAL INFORMATION**

**All information requested must be provided – incomplete forms will be returned.**

Name of Company or Independent Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

URL or Email: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ Business Fax :(\_\_\_\_) \_\_\_\_\_

TAX ID or SSN#: \_\_\_\_\_

Business Type: **Does the business meet the Federal (S.B.A.) Small Business definition (FAR 19.001) and size standards (FAR 19.102)?**

Yes  No **If "YES," please "CHECK" one of the following:**

Small Business  Small Disadvantaged  Small Business Women-Owned  Women-Owned Disadvantaged

Veteran Owned  HUB Zone

ARIZONA VENDORS: **Does the business meet the AZ Small Business definition of less than 100 employees or less than \$4,000,000 in gross receipts and company headquarters in Arizona?**  Yes  No

**If "YES," please "CHECK" one of the following:**  AZ Small  AZ Women-Owned  AZ Disadvantaged

AZ Disadvantaged Women-Owned

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**\* Section 4: EMPLOYEE CERTIFICATION**

I, \_\_\_\_\_ (your name here) understand that I must not participate by any means regarding

The University of Arizona's decision relating to this substantial interest. "Not participate" means I must have no involvement in the decision making process and I must not communicate with anyone about the decision.

Further, I understand and acknowledge agreements between The University of Arizona and the business entity

identified above are subject to audit by The University of Arizona or the State of Arizona pursuant to

A.R.S. § 35-214.

Name of Employee (print or type):

\_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to:

**University of Arizona**  
Procurement & Contracting Services  
Attn: Ted Nasser, Chief Procurement Officer  
University Services Annex, Bldg. A300  
P. O. Box 210300  
Tucson, Arizona 85721

Or

**Fax # (520) 626-5428**