**Objective and Instructions**

**Objective:** The objective of the Conflict of Interest Disclosure Form is to collect information from sub-recipients on their conflict of interest policies and for sub-recipients to report known conflicts of interest.

**Instructions:** To complete this form, please:

* Enter your response in the grey cells “     .”
* Once complete, please submit a copy of this form to your Grants Officers.

**General Information**

Organization:

Legal Applicant Name:

Program Name:

**Information about the Person Completing this Survey:**

Respondent Name:

Title:

Email:

Phone Number:

1. **please COPY your ORGANIZATION’s conflict of interest policy below OR email a copy to Onestar**

1. **Please list ANY AND ALL known conflicts of interest**

**Name Entity and Individual within Relationship Time period of COI**