# OBJECTIVE

The objective of the Conflict of Interest Disclosure Form is to collect information from subrecipients on their conflict of interest policies and for subrecipients to report known, potential, or perceived conflicts of interest.

# GENERAL INFORMATION

Organization:

Legal Applicant Name:

Program Name:

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

Respondent Name:

Title:

Email:

Phone Number:

# CONFLICT OF INTEREST POLICY

Please copy your organization’s Conflict of Interest Policy below or submit a copy to your OneStar Grants Officer.

# KNOWN CONFLICTS OF INTEREST

Please list any and all known, potential, or perceived conflicts of interest within your organization

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