



The University Corporation, San Francisco State  
Conflict of Interest Questionnaire for Project Accounts  
For the Period January 1, 2019 - December 31, 2019

*The following questionnaire must be completed annually by all project directors and other individuals with authority to expend University Corporation funds. Answers provided on this questionnaire should relate to relationships that existed, or transactions that occurred, from January 1, 2019 - December 31, 2019. Please sign and date the form no later than April 15th, and return it to The University Corporation, SF State, 1600 Holloway Avenue, ADM-361, San Francisco, CA 94132, Attn: Kathleen Bruno.*

1. Have you received a copy of U Corp's Conflict of Interest Policy for Interested Persons, and do you agree to comply with its terms?

Yes

No

2. Are you willing to disclose to U Corp's administration any direct or indirect material interest that you may have with respect to any proposed transaction or arrangement?

Yes

No

3. Will you permit U Corp's administration to appoint a committee consisting of disinterested individuals to resolve a conflict of interest?

Yes

No

4. Are you an officer of an organization that conducts business or has a relationship with U Corp?

Yes

No

If yes, please define: \_\_\_\_\_  
\_\_\_\_\_

5. Have you ever served on the board of a business in which U Corp invests?

Yes

No

If yes, please define: \_\_\_\_\_  
\_\_\_\_\_

6. Do you have a family relationship with anyone who has a noted relationship with U Corp?  
Family connections include spouse, parent, child, grandparent, grandchild, great-grandchild, and siblings. The spouse of any children, grandchildren, great-grandchildren, and siblings are considered family relationships as well.

Yes

No

If yes, please define: \_\_\_\_\_  
\_\_\_\_\_

7. Have you participated, directly or indirectly, in any employment agreement, compensation relationship, or any other arrangement/investment opportunity with a third-party vendor doing business with the U Corp that has resulted or could result in personal benefit to you?

Yes

No

If yes, please define: \_\_\_\_\_  
\_\_\_\_\_

8. Have you received, directly or indirectly, and salary payments, loans, or gifts of any kind or any free service, discounts, or other fees from any person/organization engaged in any transaction with U Corp?

Yes

No

If yes, please define: \_\_\_\_\_  
\_\_\_\_\_

9. Do you share ownership of a business that does business with U Corp? Ownership means voting power in a corporation, profits interest in a partnership, or beneficial interest in a trust.

Yes

No

If yes, please define: \_\_\_\_\_  
\_\_\_\_\_

10. Do you have a relationship with any organization that has made a monetary contribution to U Corp?

Yes

No

If yes, please define: \_\_\_\_\_  
\_\_\_\_\_

I have read and understand University Corporation's Conflict of Interest Policy and I agree to follow its terms.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date