

GPMRF Conflict of Interest Confidential Disclosure Questionnaire

From: VHA HANDBOOK 1200.17. All questionnaires shall be collected by the Executive Director, scanned, and saved on the VA server in the GPMRF files.

Please complete the questionnaire below, indicating any potential conflicts of interest. If you answer "yes" to any of the questions, provide a written description of the details in the space allowed. Attach additional sheets as needed. Submit your completed form to the Great Plains Medical Research Foundation (GPMRF) Executive Director or President.

A. Financial Interests.

A conflict may exist when an GPMRF director, officer or employee or any of their relatives may directly or indirectly benefit or profit as a result of a decision, policy, transaction or arrangement made by GPMRF.

During the past 12 months (for each "yes" response, please describe below or on a separate page):

1. Has GPMRF proposed to contract or contracted to purchase or lease goods, services, or property from you, a relative or a business associate?

Yes
No

2. Are you related to any current or prospective GPMRF director, officer or employee, or to the supervisor of any GPMRF employee?

Yes
No

3. Have you, a relative or a business associate been provided with a gift, gratuity or favor of a substantial nature from a person or entity that does business or seeks to do business with GPMRF?

Yes
No

4. Have you, a relative or business associate been gratuitously provided use of the facilities, property, or services of GPMRF?

Yes
No

5. Are you, a relative or a business associate in a position to benefit financially from decision, policy, transaction or arrangement made or to be made by GPMRF?

Yes
No

B. Other Interests.

A conflict may also exist when a GPMRF officer, director, employee or any of their relatives may obtain a non-financial benefit or advantage that they would not have obtained absent their relationship with GPMRF, or when their duty or responsibility owed to GPMRF conflicts with a duty or responsibility owed to some other organization.

During the past twelve months, please check yes or no (for each “yes” response, please describe below or on a separate page.):

1. Did you obtain for yourself or any other person or organization preferential treatment, promotion, recognition or a non-salaried appointment as a consequence of your association with GPMRF?

Yes
No

2. Did you make use of confidential information obtained from GPMRF for your own benefit or for the benefit of any person or organization other than VA or your GPMRF?

Yes
No

3. Did you take advantage of an opportunity or enable any person or organization to take advantage of an opportunity that you had reason to believe would be of interest to GPMRF?

Yes
No

4. Were you in a position to benefit in a nonfinancial way from a decision, policy, transaction or arrangement made by GPMRF?

Yes
No

Other - Describe any other circumstances or relationships you or a relative may have that you believe may assist GPMRF in protecting its interests and preventing conflicts of interest:

Name

Signature

Date

