

**University System of New Hampshire
Board of Trustees**

Conflict of Interest Disclosure Form

Please provide answers to the following questions:

1. Is a member of your immediate family (as defined in the policy) employed by USNH?

Yes ___ No ___. If yes, please provide the name, relationship to you, and job title and department for each such person.

2. Do you, or does a member of your immediate family, have or propose to have a business or financial relationship (as defined in the policy) with the USNH, either directly or through another entity in which you or the family member has a significant interest (as defined in the policy)?

Yes ___ No ___. If yes, for each such relationship, please provide the following information:

- a) The name of the person involved (either yourself or the family member and his or her relationship to you).
- b) The name of the entity.
- c) The entity's business or financial relationship to USNH (e.g., supplier of goods or services).
- d) The dollar value of this relationship (e.g., the cost to USNH of the goods or services).
- e) The date this relationship was established.
- f) Who, if anyone, approved and monitors this relationship on behalf of USNH.
- g) The nature of your or the family member's interest in the entity (e.g., employment, board seat, ownership interest), and the approximate monetary value, if any, of that interest.

3. Are you, or is a member of your immediate family, a trustee, director, employee, agent, or contractor of a higher education institution or system outside of USNH?

Yes ___ No ___. If yes, for each instance, please provide the following information:

- a) The name of the person involved (either yourself or the family member and his or her relationship to you).

- b) The name of the higher education institution or system.
 - c) The person's relationship to the higher education institution or system.
 - d) Who, if anyone, approved and monitors this relationship on behalf of USNH?
4. Please list any organizations as to which you serve as a director, officer, employee or other agent at USNH's request or as USNH's designated representative. In each case, please indicate any compensation (in whatever form, including, e.g., director's fees, salary, and stock options) that you receive in connection with this service.
5. Please list any other organizations (i.e., not at USNH's request or as USNH's designated representative) as to which you serve as a director, officer, or employee, except where such service is only nominal with no material compensation or decision-making authority.

I certify that I have read and understand USNH's conflict of interest policy and that the foregoing information is true and complete to the best of my knowledge. I agree that if there is a material change in any statement or information provided above, I will immediately notify the General Counsel and complete an amended disclosure form. I further agree that I will refrain from participating in USNH's consideration of any proposed business or financial relationship in which I or a member of my immediate family may be interested, except to respond to questions or to provide further information.

Name (please print)

Signature

Date

(Please return the completed form to the USNH General Counsel via US Mail: 5 Chenell Dr., Suite 301, Concord, NH 03301; Fax: (603) 862-0908; or Email: ron.rodgers@usnh.edu.)

Thank You!