

**PARTNER CONFLICT OF INTEREST DISCLOSURE STATEMENT**

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| **Organization Name:** |
| **Project Title:** |

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| * **NOTE:** The Conflict of Interest Disclosure Statement is to be completed by the director and project managers of the partner organization. * If a conflict of interest is identified, International Medical Corps will determine if the subrecipient can proceed and if compensating measures will be required. International Medical Corps will provide written guidance on its decision and the effect on the organization’s subaward. |

p I DO NOT have a personal affiliation with an employee, officer or agent of International Medical Corps.

p I DO have a personal affiliation with an employee, officer or agent of International Medical Corps and personal affiliation includes immediate family members (parents, children, siblings, husbands, wives, and in-laws) or partners. These are listed below:

|  |  |
| --- | --- |
| **Name of Family Member or Partner** | **Nature of Affiliation** |
|  |  |
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p I DO NOT have a material interest in a business transaction (complete or pending) in the past

12 months with an employee, officer or agent of International Medical Corps.

p I DO have a material interest in business transaction (complete of pending) in the past 12 months with an employee, officer or agent of International Medical Corps. These are listed below:

|  |  |
| --- | --- |
| **Nature of Material Interest** |  |
|  |  |
|  |  |

p I DO NOT owe a debt to, or am owed a debt by, an employee, officer or agent of International Medical Corps.

p I DO owe a debt to, or am owed a debt by, an employee, officer of agent of International Medical Corps. These are listed below:

|  |  |
| --- | --- |
| **Nature of Debt** |  |
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I understand that failure to disclose any conflicts of interest, as required in this disclosure, may result in the termination of the award with International Medical Corps.

***I certify that the answers to questions above are correctly stated to the best of my knowledge and belief.***

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| **Signature:** |  |
| **Name:** |  |
| **Title:** |  |
| **Date Submitted:** |  |