



Clark University Conflict of Interest Policy Statement

- 1) **Purpose:** The Clark University Conflict of Interest Policy Statement covers all members of the Board of Trustees, all officers and “key employees” of the University, and is also intended to provide a framework for all faculty, employees, and volunteers in their service to the University. All trustees, officers, and key employees have a fiduciary duty to the University, and are expected to act at all times in a manner consistent with this duty, and to ensure that none of their actions on behalf of Clark adversely impacts the University because of other business or personal interests of that person. All such covered persons are expected to comply with all applicable federal, state, and local laws pertaining to Clark activities; to conduct themselves with integrity and high ethical standards; and to avoid any conflict or appearance of a conflict between their own interests and those of the University.
- 2) **Conflicts of interest:** Conflicts may arise if a trustee, officer, or key employee, or a member of his/her family have a legal or beneficial interest as an owner, director, officer, employee, or investor in an enterprise which engages in commercial or financial transactions with Clark University. These transactions include, but are not limited to, working on behalf of organizations supplying goods or services, or attempting to provide goods or services, or participating in a business venture which in some way benefits from actions taken, or not taken, by Clark University.
- 3) **Disclosure:** All covered persons shall annually complete a Conflict of Interest Disclosure Statement, and file this with the Assistant Secretary of the Board of Trustees. This will be reviewed by the Assistant Secretary, the Treasurer, and the Assistant Treasurer, and where appropriate, by the President and/or the Chair of the Board of Trustees. Any covered person shall disclose any conflicts, or apparent conflicts, and shall refrain from participating in any discussions or votes of the University that may be impacted by the potential conflict. These disclosures will be reported on the annual Form 990 and reported to the Audit Committee. No board member or other covered person shall be disqualified from serving simply by reason of a disclosed conflict. The Chair of the Audit Committee, working with the Board Chair, shall review any conflicts, disclosed or alleged, and shall determine what actions are necessary to ensure that the interests of the University are being managed appropriately, both in fact and in perception.

Conflict of Interest Disclosure Form

A potential or actual conflict of interest exists when an employee’s commitments and obligations to Clark University are likely to be compromised by other material interests or relationships (especially economic), particularly if those interests or commitments are not disclosed. This Conflict of Interest (COI) Form should indicate whether the employee has an economic interest in, acts as an officer or a director of, any outside entity and where their interests and/or loyalties would reasonably appear to be affected. The employee should also disclose any personal, business, political or volunteer affiliations that may give rise to an actual or apparent conflict of interest.

Date:

Name:

Position:

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a COI:

I have no conflict of interest(s) to report.

I have the following conflict of interest(s) to report ***Please specify other nonprofit and for-profit boards you and/or your spouse sit on, any for-profit businesses for which you or an immediate family member are an officer, director, or a majority shareholder, and the name of your employer and any businesses you or a family member own and a brief explanation of the conflict:**

- 1.
- 2.
- 3.

I hereby certify that the information set forth above is true and complete to the best of my knowledge, and I have submitted this form to rpodell@clarku.edu who will review the form and submit disclosed conflicts of interest to the COI Review Committee to reach a determination as outlined below.

Employee Signature: _____ Date: _____

The COI Review Committee has reviewed this form and reached the following determination:

1. There is no concern, or it is negligible such that it will not negatively impact Clark University.
2. There is sufficient concern that warrants additional scrutiny.
3. There is some concern, but it can be effectively mitigated with an action plan, and the written plan will be affixed to this form before it is finalized.

If boxes 2 or 3 are checked, this form has been reviewed and, if approved, signed off by the following:

Supervisor Signature: _____ Date: _____

Division VP Signature: _____ Date: _____