

DECLARATION OF CONFLICT OF INTEREST

Complete and return to Director, Procurement Services

To be compliant with University Policies, academic and non academic employees must declare a conflict of interest where one actually exists, or can appear to others as though a conflict exists. The declaration does not imply any wrong doing or unethical behaviour on the part of the employee, rather, its intent is to ensure transparency in situations where a non arm's length relationship **cannot be avoided**. To prevent the University's exposure to reputational or other risks, the disclosure of a real or perceived conflict of interest provides an opportunity to address the conflict.

A declaration must be made to the Director, Procurement Services prior to any commitment (financial, contractual, etc.) being made to a vendor of goods and/or services. Only when the declaration has been reviewed and a waiver provided by the Vice-President, Finance and Administration, can a commitment be made. Where a waiver is not deemed appropriate, Procurement Services will advise the employee of next steps in the procurement process.

A **non arm's length relationship** includes, but is not limited to spouse or equivalent, parent, child, sibling or other relative. This may extend to an employee's relationship with friends or associates.

Declarer Name: _____

Title and Department: _____

Vendor Name: _____

As an employee of York University, I declare that (select the situation that applies):

- I have (or had) a close personal relationship with and financial interest in the Vendor named above.
- I have (or had) a close personal relationship with, but no financial interest in the Vendor named above.
- I am in a position to influence (or perceived by others to influence) a procurement decision where I am not at arm's length to the Vendor named above.
- I wish York University to hire the Vendor named above, with whom I have (or had) a close personal relationship to collaborate on a York University initiative (e.g. research project).
- I wish York University to do business with the Vendor named above with whom I have (or had) a close personal relationship, and who sits on the Board of Governors or other influencing governance body at York.
- Other reasons not listed above.

Details of the Conflict of Interest

Explain in detail the specific nature of the conflict of interest/non arm's length relationship and why it is necessary to use this vendor. Attach additional pages if necessary.

CONFLICT OF INTEREST WAIVER REQUEST

I understand and accept that the University Conflict of Interest Policy and Guidelines for Employees requires me to declare a conflict of interest where one exists, where one is perceived to exist, or where a non arm's length relationship cannot be avoided. I acknowledge that a commitment has not been made to the vendor of goods and/or services, pending a waiver from the Vice-President, Finance and Administration. If a waiver is not granted, I will not acquire goods or engage the services of the vendor under any circumstances.

Declarer Signature: _____ **Date:** _____

As required by the University Conflict of Interest Policy and Guidelines for Faculty and Librarians, the conflict of interest must be disclosed and resolved in conjunction with the person to whom the faculty member reports. To acknowledge the disclosure and support the request for waiver, the Dean, Chair or equivalent must sign below.

Dean or Designate Signature: _____ **Date:** _____

Conflict of Interest Waiver

The signature of the Director, Procurement Services, as the designate of the Vice-President, Finance and Administration, indicates this declaration has been reviewed and a waiver has been granted. Refer to the Director's comments below for specific directives contingent on the waiver or necessary actions to be taken.

VPFA or Designate Signature: _____ **Date:** _____

Director, Procurement Services Comments:

Procurement Services Use Only

Conflict of Interest (COI) Declaration Number: _____

Logged: COI Log PeopleSoft Other _____

Status: Waived Waived, BOG report required Not Waived Pending No Longer Exists (Date: _____)

Copy forwarded to Declarer: Yes Date sent: _____

Copy forwarded to Department Head: Yes Date sent: _____

Copy forwarded to VPFA (if applicable): Yes Date sent: _____