Disclosure Certification Statement Regarding Conflict of Interest Form

The Board of Directors of the Grant Professionals Certification Institute approved a policy regarding Conflict of Interest that provides clear direction for board and committee members as well as volunteers. The Policy establishes and describes specific situations which may be considered a conflict of interest. The policy was established through a thorough investigation of policies currently used by other non-profit and service organizations, including those related to the certification process. The Policy will be reviewed at least annually by the Board to maintain its relevance and applicability related to the ongoing work of the GPCI.

As further determined by the GPCI Board of Directors, the Policy applies to all Directors, Officers, Ex-Officio Directors, Staff, Volunteers, and other consultants. The Policy further requires that all individuals working with the GPCI—whether paid or unpaid—sign a Disclosure Certification confirming his/her review of and compliance with the Policy annually.

Your signature on this Disclosure Certification indicates you:
(a) have received a copy of the conflict of interest policy,
(b) have read and understand the policy,
(c) have agreed to comply with the policy,
(d) understand it is your responsibility to inform in a timely manner the GPCI President or his/her designee of any existing or potential conflict of interest in writing

Please return the signed form – with original or electronic signature – as noted in the initial communication from the GPCI President. Failure to agree to abide by the Policy will terminate or preclude service to the GPCI.

[ ] I have no conflicts or potential conflicts to disclose at this time.

[ ] I have the following conflicts or potential conflicts to disclose at this time:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature __________________________ Date (Effective Date) ________________

Printed Name __________________________ Role with GPCI __________________________
GPCI CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE

This Conflict of Interest Disclosure Questionnaire should be filled out and signed after reading the “GPCI Conflict of Interest Policy,” amended 08/02/2018.

THIS DISCLOSURE RELATES TO THE TIME PERIOD EXTENDING FROM ______________________________ THROUGH ______________________________.

This questionnaire relates to “Members of GPCI” and “affiliated persons.”

My Relationship in GPCI is (check all that apply)
☐ Board member
☐ Committee member (if not a Director)
☐ Staff member
☐ Contractor/Sub contractor
☐ Other, specify __________________________________

1. Are you or any of your affiliated persons a member of any organizations with similar interests as GPCI
   ☐ Yes   ☐ No
   If yes, please list them here, including your/their position/role and identify any such person(s) and their relationship to you:
   ______________________________
   ______________________________
   ______________________________

2. Do you or any of your affiliated persons have a financial interest that may be affected financially (either positively or adversely), directly or indirectly, not including compensation, as a result of GPCI procedures, policies, resolutions, purchases (of services, materials or supplies), other GPCI action, or deliberate inaction by GPCI?
   ☐ Yes   ☐ No
   If yes, please describe all such financial interest(s), and identify the person(s) who hold them and their relationship to you
   ______________________________
   ______________________________
   ______________________________

3. Do you or any of your affiliated persons have a professional interest that may be affected professionally (either positively or adversely), directly or indirectly, as the result of GPCI procedures, policies, resolutions, purchases (of services, materials or supplies) other GPCI action, or deliberate inaction by GPCI
If yes, please describe all such professional interest(s), and identify the person(s) who hold them and their relationship to you:

__________________________________________

__________________________________________

4. Are you or any of your affiliated persons teaching classes/courses in grantsmanship or preparing candidates for the GPCI examination or speaking at grant professional conferences?
   ☐ Yes  ☐ No
   If yes, please describe the class/course/conference(s) including topics/outline and identify the person(s) teaching them and their relationship to you:

__________________________________________

__________________________________________

5. Are you or any of your affiliated persons writing/developing any educational materials including those purporting to prepare to successfully pass the GPCI certification examination or process?
   ☐ Yes  ☐ No
   If yes, please describe all such material(s) and identify the person(s) writing or developing them and their relationship to you:

__________________________________________

__________________________________________

6. Are you currently a member of the governing board of any other organization?
   ☐ Yes  ☐ No
   If yes, please explain

__________________________________________

__________________________________________

__________________________________________
7. Are you or any of your affiliated person(s) a party to or have an interest in any pending legal proceedings involving GPCI?

☐ Yes  ☐ No
If yes, please describe all such proceeding(s) and identify the person(s) involved and their relationship to you:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. Are you or any of your affiliated persons aware of any potential conflicts of interest in the next 12 months?

☐ Yes  ☐ No
If yes, please describe the future potential conflicts(s) and identify the person(s) involved and their relationship to you:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. Are you aware of any other events, transactions, arrangements or other situations that you believe ought to be disclosed to the Executive Committee in accordance with the terms and intent of the GPCI Conflict of Interest Policy?

☐ Yes  ☐ No
If yes, please describe all such situation(s) and identify the person(s) involved and their relationship to you:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________