

## 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.**” For purposes of this disclosure statement, a “member of GPCI” is an individual with a role with GPCI. Affiliated persons are those who have professional, personal, and/or financial influence over others, or vice versa, and may include family members, employees, contractors, and subcontractors, etc.

My Relationship to GPCI is (check all that apply)

- Board of Directors 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, (other than GPA) or other credentialing organizations?

Yes  No

If yes, please list them here, including your/their position/role and identify of 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.

Policy Number: 9.00002  
Approved: 08/02/2018, 02/04/2021

---

---

---

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?

Yes  No

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 GPA or other grant professional conferences or any other conference on grant related topics?

Yes  No

If yes, please describe the class/course/conference(s) including topics/outline, dates, and identify the person(s) teaching them and their relationship to you. Please add an attachment if necessary.

---

---

---

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 (including grant-related or non-grant-related organizations)?

Yes  No

If yes, please list organization name, your role on the board, and dates/term of service.

---

---

---

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

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 GPCI 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:

---

---

10. Please fill out the following sections A-E.

A. List your employment within the last three years (list the most current first):

<b>Company Name</b>	<b>Your Title:</b>	<b>Start Date:</b>	<b>End Date:</b>

B. If applicable, provide the information below within the last three years about your activities related to the GPCI, GPA, GPF, or other similar organizations (hereafter referred to as “Group(s)/Event(s)”).

<b>Type</b>	<b>Explanation (role, activity name, dates of service)</b>
Leadership role or membership in organizations related to GPCI/GPA/GPF Group(s)/Event(s) (for example, GPA committee service, chapter membership)	
Participation in review activities for GPCI, GPA, GPF or other Group(s)/Event(s) topic	
Writing or reviewing a manuscript on GPCI/GPA/GPF or other Group(s)/Event(s) topic	
Consultant on GPCI/GPA/GPF or other Group(s)/Event(s) topic	
Principal Investigator or Co-Investigator on Grants/Research for GPCI/GPA/GPF or other Group(s)/Event(s) topic	
Other (please detail)	

C. List publications (articles or books) that you have authored or coauthored within the last three years related to the GPCI/GPA/GPF Group(s)/Event(s) topic:

Title of Journal/Publication:	Date:	Volume/Issue:	Pages:

D. List blogs or other website posting that you have authored or coauthored within the last three years related to the GPCI/GPA/GPF or other Group(s)/Event(s) topic:

Title:	URL:	Date:	Comment:

E. Indicate sources of income within the last three years related to GPCI activities (“Group(s)/Event(s)”):

Type	None	Money Paid to Your Employer (over \$5,000)	Money Paid to You (over \$5,000)	Money Paid to Your Spouse (over \$5,000)	Payor(s)
Board Membership					
Consulting					
Expert Testimony					

Lectures, including speaking engagements					
Editor, Author, or Co-Author of Book on Topic					
Royalties					
Payment for Development of Educational Presentations/ materials, etc.					
Principal Investigator (PI) or Co-PI on Grants Pending					
Other					



**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