



**UCI PROCUREMENT SERVICES
REPORT AND CERTIFICATION OF PROPOSED TRANSACTION
INVOLVING A POTENTIAL CONFLICT OF INTEREST**

SECTION A is to be filled out by the **VENDOR/PAYEE/SUBRECIPIENT AKA SUPPLIER** who is either a current UC employee, former UC employee or near relative of a current UC employee.

SECTION B is to be filled out by **UCI DEPARTMENT**

SECTION C is to be filled out by **UCI PROCUREMENT SERVICES**

SECTION A - SUPPLIER (Questions 1-5)

Each individual or company offering to provide goods or services to the University must complete this form ***if that individual or company meets any of the below criteria:***

- A. Are or owned by a current UC employee of any location
- B. Are or owned by a former UC employee of any location, who has been separated for less than two (2) years (retired, dismissed, separated, or formerly employed)
- C. Are or owned by a current UC employee of any location, who owns or controls 10% or greater interest in a business that will provide goods or services to the University
- D. Are or owned by a near relative of a current UC employee of any location (*spouse, domestic partner or relative of the domestic partner, child, parent, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law of a university employee, and step-relatives in the same relationship*)
- E. Are or owned by a near relative of a current UC employee of any location, when that near relative owns or controls 10% or greater interest in a business that will provide goods or services to the University
- F. Any UC employee will be paid by the proposed Supplier for the proposed transaction

1) Fill out the following:

Full Legal Name of Supplier/Vendor/Payee/Subrecipient:	Please write the letter(s) of the above listed criteria (A-F) that best meets your situation:
Email address:	Phone number:

2) Select ONE of the following boxes below:

<input type="checkbox"/> Current UC Employee		
UC location where employed:	Department where employed:	Job Title:
Does your position include teaching or research responsibilities? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Description of UC employment job duties. Attach additional sheet if needed:		

<input type="checkbox"/> Former UC employee who has been separated for LESS than two (2) years (retired, dismissed, separated, or formerly employed)			
UC location where employed:	Department where employed:	Job Title:	Separation Date:

<input type="checkbox"/> Near relative of a current UC employee (spouse, child, parent, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, and step relatives and domestic partners in the same relationship)	
Name of relative (UC employee):	Relationship to current UC employee:
Relative's UC Campus and Department:	Does your near relative UC employee's position include teaching or research responsibilities? <input type="checkbox"/> YES <input type="checkbox"/> NO
Email address of UC employee:	Phone number:

SECTION A - SUPPLIER Continued

3) Next, please answer all the following questions:

CURRENT AND FORMER EMPLOYEES ONLY: Do you/Did engage in any of the negotiations, transactions, planning, arrangements, or any part of the decision-making process relevant to the transaction while employed by any University location? <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT AND FORMER EMPLOYEES ONLY: Has any/Did any of your university time, University material, University equipment, or was University facilities used or will be used in connection with the proposed transaction? <input type="checkbox"/> YES <input type="checkbox"/> NO
RELATIVES OF UC EMPLOYEES ONLY: Does your near relative have any past, current, or future responsibility for, involvement in, or direct or indirect influence on any of the negotiations, transactions, planning, arrangements, or any part of the decision-making process relevant to the proposed transaction? <input type="checkbox"/> YES <input type="checkbox"/> NO
FOR FORMER EMPLOYEES ONLY: Did you hold a policy-making position in the same general subject area as the proposed transaction, during the last twelve (24) months of UC employment? <input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered YES to any of the above questions, please explain. Attach additional sheet if needed:

4) Describe the goods and/or services. Attach additional sheet if needed:

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5) Continue here:

I certify that the above information is true:	
Signature of UC employee, former UC employee, or near relative of current UC employee	Date:

SUPPLIER STOP HERE: Confirm that ALL relevant sections are completed. Then, after signing, this form will route to the email you entered on the UCI department section when initiating this form.

SECTION B - UCI DEPARTMENT (ALL FIELDS REQUIRED)

UCI DEPARTMENT CERTIFICATION		
Are these goods and/or services available from the University's own departments/facilities? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have the goods and/or services already been provided to UC? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are these goods and/or services available in the commercial market from other providers? <input type="checkbox"/> YES <input type="checkbox"/> NO		
What is the expected or maximum amount to be paid for the goods &/or services? \$		
Why was this Supplier chosen? Attach additional sheet if needed:		
Who chose this Supplier? First and Last Name: _____ Job Title: _____		
Department Chair/Supervisor Name:	Department Chair/Supervisor Signature:	Email: _____
		Date: _____

UCI DEPARTMENT STOP HERE: Confirm that ALL fields are completed, then, after signing, this form will route to Procurement Services for review and if signed, will route to the Vendor Coordinator

SECTION C - UCI PROCUREMENT SERVICES

UCI PROCUREMENT SERVICES		
Procurement Designee Name:	Signature:	Date:
APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>	
Procurement Reason (if denied):		