



**Uniform Grant Agreement Affidavit of  
Disclosure of Conflicts of Interest-Grantee**

Agreement No. \_\_\_\_\_

Employee or Officer Name \_\_\_\_\_

Position of Employee or Officer \_\_\_\_\_

Grantee's disclosure of the information contained in this Form is required by the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards published in Title 2, Part 200 of the Code of Federal Regulations, 2 CFR 200.112, and 44 Ill. Admin Code 7000.40(b)(3). As an Employee or Officer of Grantee, I will remain bias-free before, during and after the award process of the Grant Agreement. Pursuant to the above referenced Uniform Guidance and Administrative Rules, I have identified below any relationship I have, or have had, of a family, political, financial, or social nature with any of Grantor's employees related to this Grant Agreement, and wait for direction from the Grants Unit Manager and the Department's Ethics Officer before proceeding to participate with Grantor in the award process. After submittal of this Disclosure to the Department's Bureau of Business Services, the Bureau of Business Services will provide this form to the Ethics Officer if a conflict is noted.

Check statement 1 or 2. If you check statement 1, please sign and date the form. If you check statement 2, please complete the information and then sign and date the form.

1. \_\_\_\_\_ I do not have, nor have I had, any relationship described above nor any other conflict of interest with any of Grantor's employees for this Grant Agreement.

2. \_\_\_\_\_ I have, or have had, a relationship described above or other conflict of interest with the following employees of Grantor for this Grant Agreement.

\_\_\_\_\_ Name of Grantor's employee

\_\_\_\_\_ Nature of Potential Conflict

\_\_\_\_\_ Name of Grantor's employee

\_\_\_\_\_ Nature of Potential Conflict

\_\_\_\_\_ Name of Grantor's employee

\_\_\_\_\_ Nature of Potential Conflict

(The back side of this form may be used if additional space is needed.)

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date