

How to complete State Conflict of Interest (COI) Form

1 Check box as appropriate.

By signature below, the Chair/Department Head or the individual(s) th
By in the signature block listed as Chair/Department Head is certifying

(1) That he/she/they is/are not and will not be in violation of the Uni
found at <http://louisville.edu/conflictinterest/coi-policies> by thi

(2) That neither he/she/they nor any member of his/her/their immec
entity/individual involved in the performance of this contract²; an

(3) That any potential conflict of interest involving this contract has b
Interest policies and,

(A) there was no Conflict of Interest which was required to b

(B) this contract is being executed in accordance with an app

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Signature - Chair / Department Head

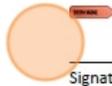
2

Department Chair / Head to sign, print name, title, and date. All fields must be completed or document will be returned by Procurement Services.

(3) That any potential conflict of interest involving this contract has been reviewed in accordance with the Department's Conflict of Interest policies and,

(A) there was no Conflict of Interest which was required to be disclosed

(B) this contract is being executed in accordance with an approved Conflict of Interest waiver



Signature - Chair / Department Head

Printed Name

Title

Date