

Disclosure of Conflict of Interest for UCF Facilities & Safety Selection Committee

Name:	
Title:	
College or Department:	
Project Evaluated:	
I have real or potential conflicts of interest to disclose. Yes No	
If yes, I disclose the following facts (respond to all that apply):	
1. Close family member who is an employee of one of the firms being evaluated.	
2. Financial interest that is direct, or is significant though indirect, in one of the firms being evaluated or in the outcome of the evaluation.	
3. Acceptance of any gifts from a firm being evaluated or from their representatives.	
4. Current or previous work experience or seeking employment with a firm being evaluated.	
5. Close personal relationships, whether negative or positive, with personnel in any of the firms, which could lead to selection bias.	
6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular firms being evaluated that could bias the evaluation.	

I certify (1) that, upon receipt of proposals, I will not discuss them with other selection committee members until all proposal scores have been submitted to the designated construction specialist for tabulation, and will not discuss them with any competing firms until after selections are finalized; (2) that I have completed this disclosure form fully and to the best of my ability; and (3) that I will update this disclosure form promptly if relevant circumstances change.

Signature:	Date:
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