



CONFLICT OF INTEREST DISCLOSURE STATEMENT

Organization Name:	
Project Title:	

- The **Conflict-of-Interest Disclosure Statement** is to be completed by the director and project managers of the Vendor organization.
- If a conflict of interest is identified, AmCham will determine if the subgrant can proceed and if compensating measures will be required. AmCham will provide written guidance on its decision and the effect on the organization's subgrant.

1. ☐ I DO NOT have a personal affiliation with an employee, officer, or agent of AmCham.
☐ I DO have a personal affiliation with an employee, officer, or agent of AmCham. A personal affiliation includes immediate family members (parents, children, siblings, wife or husband and wife or husband's parents and siblings) or partners. These are listed below:

Name of Family Member of Partner	Nature of Affiliation

2. ☐ I DO NOT have a material interest in a business transaction (complete or pending) in the past 12 months with an employee, officer, or agent of AmCham.
☐ I DO have a material interest in a business transaction (complete or pending) in the past 12 months with an employee, officer, or agent of AmCham. These are listed below:

Name of Family Member of Partner	Nature of Affiliation

3. ☐ I DO NOT owe a debt to, or am owed a debt by, an employee, officer, or agent of AmCham.
☐ I DO owe a debt to, or am owed a debt by, an employee, officer, or agent of AmCham. These are listed below:

Name of Family Member of Partner	Nature of Affiliation



I understand that failure to disclose any conflicts of interest as required in this disclosure may result in the termination of the Subgrant agreement with AmCham.

I certify that the answers to questions above are correctly stated to the best of my knowledge and belief:

Signature:	
Name:	
Title:	
Date Submitted:	