Individual Disclosure Statement for Proposed Sole Source Purchase

Each individual involved in making the recommendation to sole source a purchase must complete, sign, and submit a Disclosure Statement. A Sole Source Justification Form must accompany this form. Anyone who has a conflict of interest cannot participate in the decision to sole source the purchase. For purposes of this document, the terms “vendor” or “company” include vendor, reseller, manufacturer and distributor.

1. Vendor proposed as a Sole Source: _____
2. Does this company sponsor research that you or any other member of your staff are currently involved in or were involved in during the past 12 months?   ☐Yes  ☐No
   If you answered “Yes”, please explain:

3. Are you, or any member of your department, currently pursuing research with this company?  ☐Yes  ☐No
4. Do you anticipate that this company will sponsor research that your department will be involved in during the next 12 months?  ☐Yes  ☐No
   If the answer to either 2 or 3 was “Yes” please name the project and indicate the amount of research or other grant:

5. Have you received honoraria of more than $250 from this company during the past 12 months?  ☐Yes  ☐No
6. Have you received any other income or gifts from this company during the past 12 months?  ☐Yes  ☐No
   If the answer to either 5 or 6 was “Yes” please list and provide details:

7. Do you have any financial interests (stocks, shares, investments, etc.) in this company?  ☐Yes  ☐No
8. Is there any type of professional or other business relationship between you and this company?  ☐Yes  ☐No
   If the answer to either 7 or 8 was “Yes” please list and provide details:

9. To the best of your knowledge, does any member of your departmental staff have a business relationship with this company?  ☐Yes  ☐No
10. Do you or any of your near relatives have any financial interest in this company?  ☐Yes  ☐No
    If the answer to either 9 or 10 was “Yes” please list and provide details:

11. Please provide any additional information you believe should be disclosed at this time.

12. I certify that the above information is true:

   Signature  __________________________  Printed Name and Title  __________________________  Date  ____________