

ANNUAL DISCLOSURE
Spelman College
Conflict of Interest Statement

TO: Secretary of the College, the Provost or the Director of Human Resources,
Spelman College (the "College")

The undersigned represents to the College as follows:

1. I understand that the College is a charitable organization described in section 501(c)(3) of the Internal Revenue Code as exempt from federal income taxes, and that in order to maintain such tax-exempt status the College must continuously engage primarily in activities that accomplish its tax-exempt purposes and do so in a way that does not have the potential to adversely affect any decisions relating to research or other College activities.
2. I have received a copy of the Conflict of Interest Policy for the College and have read the Policy and understand its terms and requirements.
3. I agree to comply with the Policy.
4. I understand that the Policy applies to all faculty and staff of the College.
5. I understand that if either I or a member of my immediate family or an entity of which I am a director, officer, employee or investor becomes, applies for, or begins a federally sponsored research project with the College I must comply with all applicable portions of the College's Conflict of Interest Policy affecting faculty and staff.
6. I have the following relationships with entities doing or attempting to do business with the College in any way, including those attempting to participate with the College in any federally sponsored research. (Please list even if previously disclosed.) Attach additional sheets if necessary.

7. I have the following interests, including part-time employment, in excess of five thousand dollars (\$5,000.00) in entities doing business with or attempting to do business with the College in any way, including those attempting to partner or contract with the College to participate in any federally sponsored research. (Please list even if previously disclosed.) Attach an additional sheet if necessary.

8. With the exception of any compensation or reimbursement of expenses that may be authorized by the Board of Trustees with respect to any services to the College, I hereby certify that neither I nor any family member of mine has any Financial Interest or any Conflicting Interest, as such terms are defined in the Conflict of Interest Policy, except as set forth in items 6 and 7 above.

Date: _____ Position: _____

Name (Printed): _____

Signature: _____