

Conflict of Interest

Confidential Disclosure Questionnaire

Please complete the questionnaire below, indicating any potential conflicts of interest. If you answer "yes" to any of the questions, provide a written description of the details in the space allowed. Attach additional sheets as needed. Submit your completed form to the PAVIR executive director.

Financial Interests - A conflict may exist when a PAVIR director, officer or employee or any of their relatives may directly or indirectly benefit or profit as a result of a decision, policy, transaction or arrangement made by PAVIR.

During the past 12 months (for each "yes" response, please describe below or on a separate page):

- | | |
|---|-----------|
| 1. Has PAVIR proposed to contract or contracted to purchase or lease goods, services, or property from you, a relative or a business associate? | Yes No |
| 2. Are you related to any current or prospective PAVIR director, officer or employee, or to the supervisor of any PAVIR employee? | Yes No |
| 3. Have you, a relative or a business associate been provided with a gift, gratuity or favor of a substantial nature from a person or entity that does business or seeks to do business with PAVIR? | Yes No |
| 4. Have you, a relative or business associate been gratuitously provided use of the facilities, property, or services of PAVIR? | Yes No |
| 5. Are you, a relative or a business associate in a position to benefit financially from decision, policy, transaction or arrangement made by PAVIR? | Yes No |

Other Interests - A conflict may also exist when a PAVIR officer, director, employee or any of their relatives may obtain a non-financial benefit or advantage that they would not have obtained absent their relationship with PAVIR, or when their duty or responsibility owed to PAVIR conflicts with a duty or responsibility owed to some other organization.

Confidential Disclosure Questionnaire – Continued

During the past twelve months (for each “yes” response, please describe below or on a separate page.):

- | | | |
|----|---|-----------|
| 1. | Did you obtain for yourself or any other person or organization preferential treatment, promotion, recognition or a non-salaried appointment as a consequence of your association with PAVIR? | Yes No |
| 2. | Did you make use of confidential information obtained from PAVIR for your own benefit or for the benefit of any person or organization? | Yes No |
| 3. | Did you take advantage of an opportunity or enable any person or organization to take advantage of an opportunity that you had reason to believe would be of interest to PAVIR? | Yes No |
| 4. | Were you in a position to benefit in a nonfinancial way from a decision, policy, transaction or arrangement made by PAVIR? | Yes No |

Other - Describe any other circumstances or relationships you or a relative may have that you believe may assist PAVIR in protecting its interests and preventing conflicts of interest:

Name (Please print)

Signature

Date

Conflict of Interest

Affirmation of Compliance

I have received and carefully read the Conflict of Interest Policy for directors, officers and employees of PAVIR and have considered the literal expression of the policy as well as its intent. By signing this affirmation of compliance, I hereby affirm that I have read, understand and agree to comply with the PAVIR Conflict of Interest Policy. I further understand that PAVIR is a nonprofit organization and that in order to maintain its federal tax exemption it must engage primarily in activities that accomplish one or more of its tax-exempt purposes without personal inurement, other than by salary.

Except as otherwise indicated in the Disclosure Questionnaire and attachments below, I hereby state that neither I nor any relative or business associate has any conflict of interest, financial or otherwise that may be seen as competing with the interests of PAVIR. Also, neither I nor any of my relatives or business associates benefit from any action, policy or transaction made by PAVIR in a manner that has not been previously disclosed.

If any situation should arise in the future that I believe may involve me in a conflict of interest, I will promptly and fully disclose the circumstances as appropriate:

- For members of the Board, officers and the executive director: the chair of the Board
- For key administrative employees: the executive director
- For employees directly or indirectly engaged in VA research or education: supervisor and the executive director

I further certify that the information set forth in the Disclosure Questionnaire and attachments, if any, is true and correct to the best of my knowledge, information and belief.

Name (Please print)

Signature

Date