**To Be Distributed Collected, Reviewed, and Maintained by the Dean or VP Offices**

[Date]

Name

Home Address

Address line 2

City, State, Zip

CAMPUS

Dear Name:

In connection with PricewaterhouseCoopers LLP’s audit of the University's financial statements for the fiscal year ended June 30, 2011, the University is conducting a review for possible related-party transactions, as required by the American Institute of Certified Public Accountants' Statement of Auditing Standards No. 45.

In addition, the University is conducting a review for possible conflict of interest situations in accordance with HR Policy 1.30, entitled, “Conflict of Interest and Work Outside the University” and the Ohio Revised Code (ORC) Section 102.03, entitled, “Disclosure of income and gifts,” ORC Section 2921.42, entitled, “Having an unlawful interest in a public contract,” and ORC Section 2921.43, entitled, “Soliciting or receiving improper compensation.”

Because your role at the University includes substantive fiduciary responsibility for University assets, your answers to the following six questions are needed in preparation for the annual audit.

Please be aware that if you are a faculty member and/or you are involved in the sponsored research conducted at the University, the Office of Research Compliance will ask you to complete an additional, research-related disclosure required by the Office of Academic Affairs. Timing, reporting and maintenance requirements for these two disclosure processes require us to keep them separate.

For the purpose of answering the following questions, please refer to the definitions shown below:

**“Reporting period”** means Fiscal Year 2011 (July 1, 2010 – June 30, 2011).

**“Organization”** means any for-profit or not-for-profit corporation, partnership, Limited Liability Company, sole proprietorship, trust or estate, or other similar entity.

**“To have an interest in”** means being engaged in an on-going business enterprise as a director, officer, trustee, partner, member, owner, co-owner , employer or employee, beneficiary (e.g., recipient of funds, property, or other benefits), or significant shareholder (own or control the voting of over 5% of shares outstanding).

**“Immediate family”** means spouse, siblings, parents, domestic partners, grandparents, child, step-child, grandchild, or any relative residing in your home.

**“Anything of Value”** means the monetary value to a benefit or gift that falls outside the “de minimis” threshold.

1. To the best of your knowledge, during the reporting period did you have an interest in any organization that did business with the university?

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| IF NOT, PLEASE INITIAL HERE |  |

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

|  |  |
| --- | --- |
| Name of Organization | Relationship with Organization,  including ownership percentage  if over 5% |
| A. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| C. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| D. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. To the best of your knowledge, during the reporting period did a member of your immediate family have an interest in any organization that did business with the university?

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| IF NOT, PLEASE INITIAL HERE |  |

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| --- |
| IF YES PLEASE PROVIDE THE FOLLOWING INFORMATION: |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of  Organization | Name of  Family Member | Relationship  to You | Relationship to  Organization |
| A. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| C. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

3. To the best of your knowledge, during the reporting period did you receive compensation, benefits, or anything of value from a person, firm or organization engaged, or seeking to engage, in a business transaction with the University? If the answer to this question is yes, please describe your relationship with the person, firm or organization, services performed and amounts received. Attach additional pages if necessary.

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| IF THE ANSWER IS NO, PLEASE INITIAL HERE |  |

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4. During the reporting period did you receive compensation, benefits, or anything of value from a source other than the University that related in any way to your University duties? If the answer to this question is yes, please state the source of the compensation or benefit, amounts received and other relevant details.

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| IF THE ANSWER IS NO, PLEASE INITIAL HERE |  |

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5. During the reporting period did you or a member of your immediate family receive goods or services free of charge or at a reduced rate from the University? If so, please describe the goods or services below. In your response you should consider especially University units or departments that provide goods or services for a fee to members of the general public; do not include in your response benefits made available to University employees generally.

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| IF NONE, PLEASE INITIAL HERE |  |

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6. During the reporting period did you or any member of your immediate family have any other relationships, commitments, or activities that might, in your good faith judgment, present or appear to present a financial conflict of interest with your University obligations? If so, please explain.

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| IF NOT, PLEASE INITIAL HERE |  |

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Please return your reply directly to <INSERT COLLEGE OFFICE OR DEPARTMENTAL DESIGNEE HERE> in the pre-addressed stamped envelope, which is enclosed (COLLEGE OR DEPARTMENT SHOULD SUPPLY ENVELOPE). You may wish to make a copy of this letter for your records. We would appreciate receiving your reply by <INSERT DATE>.

If you have questions, please contact <INSERT COLLEGE OFFICE OR DEPARTMENTAL DESIGNEE HERE> at 614 XXX-XXXX.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean or VP Signature

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In submitting this form, I affirm that the above information is true and complete to the best of my knowledge. **I accept responsibility for complying with the University policies on related-party transactions and financial conflicts of interest and I assume responsibility for updating this disclosure as necessary.**

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Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name