

Conflict of Interest Disclosure Form

For Grant Applicants

Full Name

Position/Title

Organization

Date

Have you, your immediate family, or close associates had any financial, professional, or personal relationship(s) that may represent a conflict of interest related to this grant application?

☐

Yes

☐

No

If yes, please describe all relationships, activities, or circumstances that could influence or appear to influence your objectivity.

Additional Information (if any)

I declare that the information provided above is accurate to the best of my knowledge.

Signature