

**UNIVERSITY OF CENTRAL ARKANSAS  
FOUNDATION**

**CONFLICT OF INTEREST  
FINANCIAL DISCLOSURE STATEMENT**

1. Do you individually or does an immediate family member have a financial or equity interest in an entity which engages in business with the university? Include only those interests that are controlled by you or an immediate family member and not those managed by a third party, such as a mutual fund. Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list and describe in detail below or on an attached sheet of paper.
2. Do you individually or does an immediate family member reasonably expect to acquire or otherwise receive a financial or equity interest during the next year that may reasonably affect the financial transactions of the university? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list and describe in detail below or on an attached sheet of paper.
3. Do you individually or does an immediate family member have, or expect to have within the next year, any additional employment, whether consultation or other professionally related, or other relationship, employment or otherwise, with an entity or person that may reasonably be affected financially through the position you hold at the university? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list and describe in detail below or on an attached sheet of paper.
4. Do you individually or does an immediate family member have any relationships or commitments, not described above, that has the appearance of a conflict of interest concerning your assigned responsibilities, duties or tasks? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe in detail below or on an attached sheet of paper.
5. If your answer to any of the foregoing questions results in either a potential or actual conflict of interest, please submit or attach a plan for eliminating, reducing or managing the conflict.

**Note:** Do not include your salary from the university in responding to the above-referenced questions.

\_\_\_\_\_  
**Employee (Print Name)**

\_\_\_\_\_  
**Position**

\_\_\_\_\_  
**Department**

\_\_\_\_\_  
**Employee (Signature)**

\_\_\_\_\_  
**Date**

**DUE DATE: January 31st**

**All Foundation Fund Directors MUST complete this form and send the original signed copy to [foundation@uca.edu](mailto:foundation@uca.edu).**

**Note: All employees are required to update this statement on an as-needed basis.**