

Northwestern University
Vendor Due Diligence – Conflict of Interest Certification Statement

The following questionnaire needs to be completed by the individual(s) who selected or directed the vendor to be added to NUFinancials.

It is the policy of Northwestern University that its employees conduct the affairs of the University in accordance with the highest ethical, legal and moral standards. An employee must not be in a position to make a decision for the University if his or her personal, professional, or economic interests may be directly influenced or affected by the outcome.

Please complete the following questionnaire as it relates to your relationship or activities with the proposed vendor. A “Yes” answer does not necessarily constitute a conflict of interest. However, without complete disclosure, a fair and reasonable assessment of whether this vendor is an appropriate business partner of the University cannot be made. If you answer “Yes” to a question, please use the comment box to describe the potential conflict of interest. The form must also be reviewed and approved by the individual that approves your annual Conflict of Interest form (COI Manager).

Proposed Vendor Name: _____

To the best of your knowledge:	YES	NO	Comments
Are you or an immediate family member or extended family member (e.g. spouse, child, sibling, parent, niece, nephew, or in-law) employed by , acting as a consultant, or have a financial interest in the company?			
Have you or an immediate family member or extended family member received any gifts (other than promotional items or an occasional meal) or more than incidental hospitality from the new vendor within the last 12 months?			
Have you or an immediate family member or extended family member given a gift or provided more than incidental hospitality to the proposed vendor within the last 12 months?			

Individual submitting the form via the NUPortal: _____

Signature: _____ Date: _____

Individual (s) who selected or directed the vendor to be added to NUFinancials:

Signature: _____ Date: _____

If an individual has answered “Yes” to one of the above questions, the COI Manager must review and approve the form.

COI manager:

Signature: _____ Date: _____