

**FINANCIAL CONFLICT OF INTEREST  
ANNUAL DISCLOSURE STATEMENT  
MOUNT VERNON NAZARENE UNIVERSITY**

I have read and understand the Financial Conflict of Interest Policy which applies to all faculty, staff, and administrators.

I understand that I must immediately make a full and accurate disclosure of all material facts that may result in my having a conflict of interest with MVNU.

If an actual or potential conflict exists, I understand that I must not vote or use any personal influence on the discussion leading to any vote involving the entity or issue of which there may be a conflict.

Below is a full disclosure of any interest that may be a financial interest or conflict. I shall immediately update and fully amend this list if any material changes occur. (Add additional sheets if necessary.)

I, an employee of MVNU, have read and understand the Financial Conflict of Interest Policy and, at this time, with my signature below, I declare that I have no financial interest or conflict.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Disclosure Information:**

A. Your Name:

B. Entity of possible conflict:

C. Description of Entity:

D. Your ownership interest or involvement:

E. Explanation of why there may be a conflict:

F. If the entity provides goods or services to MVNU, the annual amount of goods or services or the potential amount of any contract:

I, an employee of MVNU, have read and understand the Financial Conflict of Interest Policy and, at this time, with my signature below, I declare that I have either a financial interest or conflict as indicated above.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**ANNUAL DISCLOSURE STATEMENTS SHALL REMAIN ON FILE WITH THE COMPLIANCE OFFICER FOR A PERIOD OF FIVE (5) YEARS.**