**Disclosure of Board
Service****, For-profit**

*Updated October 2023*

**Conflicts of Interest Form**

**For-profit Grantee Organizations**

This form provides the Commonwealth Fund with information on health-related board service for key project personnel. Commonwealth Fund staff will review the list to identify actual or potential conflicts of interest.

This form should be completed **separately** for each of the following personnel to be funded through the proposed grant:

* Project Director (regardless of percent effort)
* Co-Project Director (regardless of percent effort)
* Any additional project personnel devoting 10 percent effort or more per the project budget.
* Other people named in the proposal or budget who contribute substantively to the project’s execution (e.g., any researcher, consultant, or contractor).

This form should be signed by the individual completing the form, as well as an institutional finance or contracts officer.

|  |  |
| --- | --- |
| **Date:** Click or tap to enter a date. | **Project Director Name:** Click or tap here to enter text. |
| **Name of Individual Completing the Form:** Click or tap here to enter text. | **Project Title:** Click or tap here to enter text. |
| **Title of Individual Completing the Form:** Click or tap here to enter text. | **Grant Number (if available):** Click or tap here to enter text. |
| **Organization Name:** Click or tap here to enter text. | **Grant Project Dates:** Click or tap here to enter text. |

1. Do you serve on any health-related corporate boards, and / or do you have a financial interest in any other for-profit organization in the health care field?

Yes [ ]  No [ ]

If yes, please list the affiliations in which you have a financial interest or from which you receive compensation (excluding ownership of publicly traded stock, or stock in mutual funds):

|  |
| --- |
| Click or tap here to enter text. |

1. Do you serve on any health-related non-profit organization boards?

Yes [ ]  No [ ]

If yes, please list the affiliations:

|  |
| --- |
| Click or tap here to enter text. |

Reviewed and approved by:

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

Signature of Individual Completing the Form Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Institutional Finance/Contracts Officer Date