

NJHPG Conflict of Interest Disclosure Form

A conflict of interest occurs when an NJHPG member knows that the voting for a specific issue is likely to have a direct financial impact on the NJHPG member, a close relative of the NJHPG member, a domestic partner of the NJHPG member, a member of the household of the NJHPG member or an individual who has business dealings with the NJHPG member.

Each NJHPG member shall disclose, in writing, any and all professional and/or personal affiliations with agencies that pursue HIV/AIDS funding. Annually, each NJHPG member will complete a conflict of interest statement.

By my signature below, I certify that:

1. I have read, understand and support the "Conflict of Interest" of the NJHPG
2. I and/or a family member serve(d) as a staff member, consultant, officer, board member, or advisor with the following organizations that have received, may seek or are eligible for HIV care and treatment funding, HIV prevention funding and/or related activities.

Organization Address, Telephone, etc.	
Circle one	Employee Volunteer
Title	
Period of Affiliation	
Describe the nature of your affiliation in detail	

Organization Address, Telephone, etc.	
Circle one	Employee Volunteer
Title	
Period of Affiliation	
Describe the nature of your affiliation in detail	

Name

Signature

Date