

Transformation Grant Program

Conflict-Of-lnterest Questionnaire

The following questionnaire must be completed by each USA Climbing Committee Chair (or substitute) participating in the Review Committee (the “Review Committee”) for the USA Climbing Transformation Grant Program (the “Program”) and must be shared with: (a) the other participants on the Review Committee, (b) the USA Climbing staff involved with the Program, (c) the USA Climbing Board of Directors, and (d) others who, in the discretion of the USA Climbing CEO or member of the USA Climbing Board of Directors, should review such materials in order to facilitate the fair and ethical implementation of the Program.

This questionnaire also must be completed by each member of the USA Climbing Board of Directors and by the USA Climbing CEO, with those responses shared with the full Board of Directors of USA Climbing.

Answers to this questionnaire should be submitted after the deadline for submission of Program applications, and after the Review Committee has received copies of the applications submitted for review. Answers submitted by members of the Review Committee should be submitted before the Review Committee considers the applications for the Program. Answers submitted by members of the Board of Directors and the CEO, in their capacity as Board members and CEO respectively, should be submitted before the Board of Directors reviews the recommendations of the Review Committee. Answers should r relate to relationships that occurred during the period beginning two years prior to the date of completion of this questionnaire. Once you have completed this questionnaire, please sign and date in the space provided and submit it with your Grant Program application.

Note that for purposes of this questionnaire, “family member” includes all first- and second-degree family members, including an individual’s spouse, domestic partner, parent, child, and siblings as well as spouses of children and siblings. “Applicant” refers to a person or program that has applied for a USA Climbing Transformation Grant.

1. Are you or a family member associated in any way, directly or indirectly, with an Applicant, including without limitation serving or expecting to serve as an officer, director, or employee of the Applicant or an associated person or entity, conducting or expecting to conduct business with the Applicant or an associated person or entity, or lending or donating money, goods or services to the Applicant or an associated person or entity?

Yes No

If yes, please explain.

1. Do you have a family member who, directly or indirectly, has benefited from, or expects to benefit from, a program relating to an Applicant or an associated person or entity?

Yes No

If yes, please explain.

1. Have you or a family member encouraged the Applicant to apply for a grant from the Program? (This will not necessarily preclude your participation in the Review Committee but should be disclosed).

Yes No

If yes, please explain.

1. If not already disclosed above, do you or a family member own or share ownership of an Applicant or of an entity associated with an Applicant? Ownership means voting power in a corporation, profits interest in a partnership, or beneficial interest in a trust.

Yes No

If yes, please explain and indicate the percentage of ownership in the business.

Date:

Print Name:

Signature: