**Disclosure of Relationships Form**

DAI seeks to avoid any appearance of conflicts of interest (bias or unfair advantage) created by any relationship between employees, clients, vendors, or beneficiaries working or planning to work with DAI that would prevent you from performing your duties in a fair, professional and objective manner. DAI’s *Code of Business Conduct and Ethics* is aimed at eliminating conflicts between interests of DAI and personal interests of its employees. The policy requires employees to immediately notify their supervisor in writing of any potential issues that may result in a perception by others that the employee is not able to exercise objective, professional judgment because of a relationship with another employee, applicant, vendor, client or beneficiary.

Employees are prohibited from providing assistance or services through any DAI program, such as materials, money, or other goods, services or resources to anyone with whom they have a financial or close personal relationship. Employees are also prohibited from supervising and participating either directly or indirectly in the hiring, promotion, or evaluation of any individual with whom they have a financial or close personal relationship. When informed of a close personal relationship in accordance with this policy, the Chief of Party/Team Leader will recommend steps to avoid or minimize even the perception of a conflict of interest. In the case of a supervisor-subordinate close personal relationship, a reasonable effort will be made to reassign one of the employees to another position.

Failure to disclose the existence of a close personal relationship in accordance with this policy is cause for termination of employment. Any employee who believes this policy is being violated should report the concern to the Team Leader/Chief of Party, Deputy Chief of Party, Ethics & Compliance Officer or ethics hotline.

Instructions:

Before filling out the form make sure that you have fully understood the conflict of interest policy in the Code of Business Conduct and Ethics. If you have any questions talk to your supervisor or the Team Leader/Chief of Party. Fill out the form in ink. If some questions in the form are not applicable write N/A (not applicable). This information is confidential. Only DAI has the right to use it. The information may not be disclosed to third parties without permission of the Chief of Party.

As a condition of employment, this acknowledgement form must be returned to the Chief of Party/Team Leader no later than 30 days after being briefed on the Code of Business Conduct and Ethics. It is the employee’s responsibility to seek supervisor or senior management assistance with understanding any of the Code of Business Conduct and Ethics policies if any sections contents or applications are unclear. This document will remain in the employee’s personnel file for the duration of their employment on the project. Should the employee enter into new relationships that may constitute a real or perceived conflict of interest, it is the employee’s responsibility to update this form.

General Information

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of hire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirmation of Interests

1. Do you understand DAI’s Conflict of Interest policy? \_\_\_\_ YES \_\_\_\_ NO
2. Do you think your relationship with any individual or organization may constitute a conflict of interest in the performance of your position with DAI?

\_\_\_\_ YES \_\_\_\_ NO

1. Are you or your relatives an employee of an organization that provides services to DAI or is recipient of DAI services?

\_\_\_\_ YES \_\_\_\_ NO

1. Are you a share-holder, board member or a manager of any company, business support organization, or other institution?

\_\_\_\_ YES \_\_\_\_ NO

1. Are there any organizations that you would not like to deal with as a DAI employee because of possible conflict of interests?

\_\_\_\_ YES \_\_\_\_ NO

If you answered YES to any of questions 2 through 5, please detail the relationship and list any specific transactions from which you withdraw yourself:

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| --- | --- | --- | --- |
| **Name of Individual or Organization** | **Relationship to You** | **Service provided by the Individual/Organization** | **Transactions from which participation is withdrawn** |
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Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_