

**Georgia Country Coordinating Mechanism
Code of Conduct, Ethics, and Conflict of Interest Declaration Form
(completed annually)**

I, _____ (name), pledge to comply with the Georgia Country Coordinating Committee (G-CCM) Code of Conduct, Ethics, and Conflict of Interest Policy. I further certify that I have read and understood the G-CCM Code of Conduct, Ethics, and Conflict of Interest Policy. I confirm that I will adhere to the G-CCM Code of Conduct, Ethics, and Conflict of Interest Policy that requires me to declare a conflict or potential conflict of interest on a particular issue to the G-CCM and conduct all G-CCM related business according to the ethical standards contained within the Policy. In such cases, I shall excuse myself from G-CCM discussions and voting concerning the matter in question.

As a G-CCM member, alternate or other interested party, I shall not discuss, advocate or vote on any matter in which I have a conflict, or potential conflict of interest, or any interest, which might reasonably appear to be in conflict with the concept of fairness when dealing with the business of the Global Fund funded Programs.

I acknowledge that a conflict of interest or a potential conflict occurs if:

- a. I have a self, monetary, or other interest, either direct or indirect; and/or,
- b. The Organization that I represent may have a financial, administrative, or programmatic interest in issues or transactions under consideration in the G-CCM.

I further acknowledge that I am obliged to raise any conflict of interest I may be aware of amongst other members of the G-CCM or implementing organizations to safeguard the G-CCM reputation and ensure it adheres to ethical standards, and conducts business in a balanced and transparent manner.

In keeping with the above principles and those further stated in the Conflict of Interest Policy, I would like to declare as follows: For the current year: *(Tick the item that applies)*

I do not have any foreseeable conflict of interest that relates to the functions and operations of the Global Fund grants in Georgia.

I have a conflict of interest. (Please fill out the table below.)

G-CCM Member Name (print): _____

Signature: _____

Constituency: _____

Date: _____

Please, complete the table below if you have any conflict of interest to declare

NATURE OF CONFLICT OF INTEREST

Organization (Name and Address)	Type of Organization	Nature of the Conflict of Interest

