TNECD QUBIT GRANT PROGRAM DISCLOSURE FORM

Grant Applicant Information	
Applicant Name:	
Brief Project Description:	
Authorized Representative Information	
Name:	
Title:	
Email:	
Telephone:	

Authority.

This form is required as part of an application for funding under the Tennessee Department of Economic and Community Development (TNECD) Quantum Utilization, Buildout, Infrastructure, and Technology (QUBIT) Grant Program. It is intended to assist TNECD in evaluating organizational integrity, foreign-interest risks, conflicts of interest, and Applicant eligibility. The Applicant is responsible for conducting appropriate due diligence regarding any private industry partner participating in the project. This form applies only to the Applicant and its Project Stakeholders.

All responses to this form shall be subject to the Tennessee Public Records Act (Tenn. Code Ann. §10-7-501 *et seq*.) and other applicable state and federal laws, regulations, executive orders, grant requirements, and TNECD policies.

Definitions.

- Project Stakeholders: Each officer, employee, faculty member, principal investigator, co-principal investigator, key project personnel, or other individual designated by the Applicant to participate in, oversee, administer, supervise, or materially contribute to the proposed grant-funded project, and any Immediate Family Member thereof. For purposes of this Disclosure Form, the Applicant's certifications are based upon a reasonable inquiry of those individuals.[1]
- Immediate Family Member: The spouse, dependent child or stepchild, and relative related by blood or marriage of a Project Stakeholder.
- Conflict of Interest: Any financial, personal, professional, organizational, or other interest that could reasonably impair, influence, or appear to influence objective performance under the proposed grant.
- Foreign Adversary: Any foreign government, foreign nongovernment person, or foreign entity identified as a foreign adversary under 15 C.F.R. § 791.4, or any successor federal law, regulation, or executive action.
- Debarred Vendor: An entity listed on the State of Tennessee Debarred Vendors List (see https://www.tn.gov/content/dam/tn/generalservices/documents/cpo/other/Debarred_Vendors.pdf).

[1] The Applicant is not required to conduct institution-wide due diligence. Rather, the Applicant shall make a reasonable inquiry of its Project Stakeholders, as defined herein, in completing this Disclosure Form.

Attestations and Certifications. (check all boxes as evidence of your attestation/certification)

☐	I am authorized to execute this Disclosure Form on behalf of the Applicant.
☐	Following reasonable inquiry, the information contained in this Disclosure Form is true, accurate, and complete.
☐	The Applicant has disclosed all known actual, potential, or apparent conflicts of interest relating to the proposed grant project.
☐	The Applicant has disclosed any financial, research, consulting, advisory, employment, fiduciary, licensing, technology-transfer, data-sharing, or similar relationship between any Project Stakeholder and any Foreign Adversary.
☐	The Applicant has disclosed any ownership interest, equity interest, compensation arrangement, royalty, licensing interest, consulting agreement, or other pecuniary interest through which any Project Stakeholder or Immediate Family Member thereof could directly benefit from the award or administration of the proposed grant, excluding ordinary salary or compensation paid by the Applicant in the normal course of employment and expressly authorized costs under the grant agreement.
☐	Neither the Applicant nor any entity exercising ownership or control over the Applicant is owned by, controlled by, organized under the laws of, or acting on behalf of a Foreign Adversary.
☐	To the best of the Applicant's knowledge after reasonable inquiry, no Foreign Adversary directly or indirectly owns, controls, or has the ability to direct the management or policies of the Applicant.
☐	The Applicant understands that it remains responsible for conducting appropriate due diligence regarding any third-party private industry partner and ensuring compliance with all applicable grant requirements before entering into any subcontract or other project agreement.
☐	The Applicant will promptly notify TNECD in writing if any response in this Disclosure Form changes during the application process or during the term of any resulting grant agreement.
☐	I understand that knowingly providing false, misleading, or incomplete information may result in denial of funding, termination of the grant agreement, repayment of grant funds, and any other remedies available under law or contract.

Disclosure.

Identify any relationship, activity, or pecuniary interest required to be disclosed above. If there is nothing to disclose, write "None." If additional space is needed, responses may be submitted as an attachment hereto. Applicants should submit any pertinent related documentation that could assist TNECD is determining whether an actual Conflict of Interest exists.[2]

Signature:	
Printed Name & Title:	
Date:	

[2] If Applicant is unsure whether an actual Conflict of Interest exists, contact TNECD's Legal Office at (615) 946-0642 for more information.