**De Minimis Value Affidavit**

DISCLOSURE AFFIDAVIT FOR DE MINIMIS VALUE CONTRACT BETWEEN MICHIGAN STATE UNIVERSITY AND [Company Name], a [domicile, e.g., Michigan, Delaware, etc.] [type of company (LLC, Corp, etc.)], with a principal place of business at the address of [insert address]

I, *[Name of Individual]*, being duly sworn, deposes and states the following:

1. I am an employee of Michigan State University (“University”) with an appointment in [*Program, Department, etc*.], and I am familiar with the conflict of interest disclosure process at the University.
2. I have an ownership interest in [and/or am an officer of] [insert name of Company] (the “Company”).
3. MSU and the Company are parties to [Name Agreement] (the “Contract”).
4. I understand that I must disclose any pecuniary interest in the Contract to the Board of Trustees (“Board”).
5. Pursuant to the requirements of Section 3.2(a) of MCL 15.322, I confirm that I will not receive a direct benefit of an amount more than $250.00 from the Contract.
6. I understand that this disclosure affidavit may be made a matter of record in the Board’s official proceedings.
7. All representations of pecuniary interest in the Contract set forth in the disclosure are accurate as of this date.

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| Dated: *[date]* |  | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[Typed name of Affiant]* |
| STATE OF MICHIGANINGHAM COUNTY | )) |

Signed and sworn to [*before me in [county] County Michigan, / before me using an electronic notarization system under MCL 55.286a in [county] County, Michigan, / before me using a remote electronic notarization platform under MCL 55.286b*] on [*date*].

[*Signature line*]

[*Notary public’s name, as it appears on application for commission*]

Notary public, State of Michigan, County of [*county*].

My commission expires [*date*].

[*If acting in county other than county of commission: Acting in the County of [county].*]