### TREES Program Specific Conflict of Interest Attestation

An ART Validation and Verification Body (VVB) is a competent and independent entity responsible for performing the program validation and/or verification process. Before performing any validation or verification services for TREES Participants, VVBs are required to complete and submit this program-specific conflict of interest attestation. When complete, the form should be uploaded through the ART Registry system and submitted for ART Secretariat review and approval. A new form is required for each reporting period for which services are being conducted and no services shall be performed until the VVB receives approval from the ART Secretariat.

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| Name of VVB |
| Name of trees Participant seeking validation and/or verification services from VVB |
| Reporting period for which services are requested of the VVB  (MM/DD/YYYY-MM/DD/YYYY) |
| Date of form completion  (MM/DD/YYYY) |

#### As agreed to in the “ART Attestation of Validation and Verification Body”:

The VVB will not conduct an ART validation or verification for any program for which the VVB or any member of the validation or verification team has a financial interest, has played a role in developing the program or has any other conflict of interest including having a family member with a business interest in the program. (Absent unusual circumstances, validating a monitoring or verification protocol and/or serving as a member of a scientific peer review process does not constitute having a role in developing a program.)

Without limiting the foregoing, the VVB will not conduct a program validation or verification if an independent observer could reasonably conclude that current or prior personal, family or business relationships between the VVB or validation or verification team member(s) and the program or Participant present a conflict of interest. In the Conflict of Interest form, the VVB will disclose all relationships within the past three years between the VVB and validation and verification team members, on the one hand, and the program and Participant on the other, and will attest that neither the VVB nor any member of the validation or verification team has a conflict of interest with respect to the validation or verification work.

#### Please complete the following:

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| Describe all relationships in the last three years between the VVB (and its affiliate organization(s), if applicable) and validation/verification team members, on the one hand, and the program being validated/verified and the TREES Participant, on the other. If any of these past or current relationships involve affiliate organization(s) please describe the connection. |
| List any other parties supporting or assisting the TREES Participant (such as tech-nical consultants or funding sources) and describe all relationships they have had in the last three years with the VVB (and its affiliate organization(s), if applicable) and validation/verification team members. |
| Disclose whether the VVB, validation or verification team member or any of their family members are dealing in, promoting, or otherwise have a fiduciary relationship with anyone promoting or dealing in, the offset credits being evaluated. |
| Describe the procedures and structures in place within the ART-approved VVB to identify, prevent and mitigate any potential or actual conflicts of interest. |
| Describe all potential conflicts of interest that may result from the VVB providing validation/verification services for the TREES Participant. |
| List all staff and/or contractors of the ART approved VVB who are expected to provide validation/verification services for this TREES Participant for the relevant reporting period.  Lead Validator/Verifier    Validator(s)/Verifier(s)    Technical Expert(s)    Senior Internal Reviewer    Other |

### Attestation:

I hereby attest that:

* 1. Neither the ART approved VVB nor any member of the validation/verification team has a known conflict of interest with respect to the proposed work;
  2. All potential conflicts of interest have been identified and there are structures and processes in place to successfully avoid or mitigate them;
  3. All information provided in this form is accurate to the best of my knowledge;
  4. The VVB will maintain the accuracy and completeness of the information contained herein by notifying the ART Secretariat in writing to [REDD@winrock.org](mailto:REDD@winrock.org) within 5 business days of any material change.

In witness whereof, the VVB has caused this Attestation to be executed by a duly authorized representative as of the date set forth below.

ART Approved VVB

Signature of Validation or Verification Project Lead

Print Name

Title

Date