



JOINT VENTURE QUESTIONNAIRE

Department of:		
Requestor:		
Division:		
Title	Phone:	Fax:
Joint Venture Event:		
Nature of Event:		
Activity to be funded:		
Date		Time:
Duration:		Location:
Costs:		
Identities of participants and employees:		
Has Joint Sponsor /donor any relationship to your department or UMDNJ? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Amenities that could accrue to the personal benefit of a state office or employee including Board of Trustee member: (e.g. hotel stay, meals, transportation, etc.)		
Role to be played by UMDNJ: (e.g. providing speakers, lending the name, funding a portion)		
Requestor's Signature:	Date:	
Department's approval:	Date	

Please send to

**Phone: (732) 743-3344
 Fax: (732) 743-3301**

**Rhonda S. Farber, Esq.
 Director of Ethics/Ethics Liaison Officer
 Office of Ethics and Compliance
 1 World Fair Drive, Suite 3100
 Somerset, New Jersey 08873**

Ethics Liaison Officer	Condition:	
	Signature:	Date: