# VVB Project-Specific Conflict of Interest Form

Instructions ACR requires a Validation/Verification Body (VVB) to submit a conflict of interest self‑evaluation for review prior to commencing any validation or verification services for an ACR GHG Project. To facilitate this requirement, use of this VVB Project-Specific Conflict of Interest Form is required. Follow all instructions found within each section and provide all requested information. If a field is not applicable, respond with “N/A.” The VVB Project-Specific Conflict of Interest Form must be signed by a duly authorized representative of the VVB, saved as a PDF, and submitted for ACR approval via upload to the corresponding project within the ACR Registry.

THIS VERSION 4.0 OF THE VVB PROJECT-SPECIFIC CONFLICT OF INTEREST FORM IS REQUIRED IF SUBMITTED AFTER OCTOBER 31, 2024.

NOTE A new form is required for each reporting period for which services are being provided and no validation/verification services shall be performed until the VVB receives approval from ACR. A revised conflict of interest form must be submitted for any additions of members to the validation/verification team.

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| Section I: VVB Information | | |
| **1** | Document date | Click or tap to enter a date. |
| **2** | Validation/Verification Body (VVB) |  |
| **3** | ACR-approved VVB | Yes  No |
| **4** | ANAB accredited under ISO 14065:2020 | Yes  No |
| **5** | ANAB accredited under ISO 14064-3:2019 | Yes  No |
| **section II: project INFORMATION** | | |
| **1** | Project title |  |
| **2** | ACR project ID |  |
| **3** | Relevant Methodology (title and version) |  |
| **4** | Project Proponent |  |
| **5** | Project Developer Account Holder, if different from the Project Proponent | N/A |
| **6** | If validation, expected Crediting Period | Start date: Click or tap to enter a date. End date: Click or tap to enter a date.  N/A |
| **7** | If validation, validation deadline | Click or tap to enter a date.  N/A |
| **8** | If validation, rationale for validation deadline (per ACR Standard Table 2 or, if applicable, relevant Methodology) | N/A |
| **9** | If verification, expected Reporting Period | Start date: Click or tap to enter a date. End date: Click or tap to enter a date.  N/A |
| **10** | If verification, verification deadline | Click or tap to enter a date.  N/A |
| **11** | If verification, rationale for verification deadline (per ACR Standard 9.C or, if applicable, relevant Methodology) | N/A |
| **12** | Expected commencement of validation/ verification services (i.e., kick-off call with Project Proponent/Project Developer) | Click or tap to enter a date. |
| **13** | Expected date(s) of upcoming site visit, if applicable | Start date: Click or tap to enter a date. End date: Click or tap to enter a date.  N/A |
| **14** | Location of expected upcoming site visit, if applicable | N/A |
| SECTION III: Conflict of interest | | |
| **As agreed to in the “Attestation of Validation/Verification Body”:**  In connection with any ACR GHG Project Validation/Verification, the ACR-approved Validation/Verification Body (VVB) will not conduct validation/verification with respect to any project where the VVB or any member of the validation/verification team has a financial interest in the project or corporation, has played a role in developing the project or has any other conflict of interest. (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 project.)  Without limiting the foregoing, VVB will not conduct validation/verification with respect to a project if an independent observer could reasonably conclude that current or prior personal or business relationships between the VVB and/or validation/verification team member(s) and the GHG Project, Project Proponent, and the Project Developer (ACR Account Holder), if different from Project Proponent, present a conflict of interest. | | |
| **1** | List all staff and/or contractors of the ACR-approved VVB who are expected to provide validation/verification services for this GHG Project for the relevant Reporting Period.  Lead Validator/ Verifier:  Validator(s)/ Verifier(s):  Technical Expert(s):  Independent Reviewer:  Other(s): | |
| **2** | 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 GHG Project being validated/verified, the corresponding Project Proponent and Project Developer (ACR Account Holder) (and eithers affiliate organization(s), if applicable) on the other. If any of these past or current relationships involve affiliate organization(s) please describe the connection. | |
| **3** | List any other parties supporting or assisting the project development (such as technical 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. | |
| **4** | Describe the procedures and structures in place within the ACR-approved VVB to identify and prevent/mitigate any potential or actual conflicts of interest. | |
| **5** | Describe all potential conflicts of interest that may impact the VVB providing validation/verification services for the GHG Project. | |
| **SECTION IV: VVB Rotation** | | |
| **1** | State the number of consecutive years of reporting (inclusive of initial or renewed Crediting Periods) the VVB has verified for the project. | |
| **2** | In the case of project types with only one Reporting Period that have occurred at the same facility, state how many of the last nine verifications of projects developed at the same facility the VVB has performed. | |
| **3** | As it affects verification activities for this project, describe any changes in the following areas since the last verification. If this is the first verification performed for this project, enter N/A.  Organization:  Staffing:  Insurance levels:  Accreditation with other organizations:  Business practices:  Relationship with the developer: | |

*Proceed to attestation on next page.*

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| section V: AttestationS | |
| Instructions   * The VVB Project-Specific Conflict of Interest Form must be signed by a duly authorized representative of the Validation/Verification Body. * The signature may not be inserted by typing or affixing an image file. * The signature may be executed: * via encrypted digital signature, or * by printing the signature page, using a wet signature, scanning the signature page, and inserting it into the final PDF.   The signature date and submission should precede the commencement of any validation or verification services. | |
| **The Validation/Verification Body hereby represents and warrants to the American Carbon Registry (ACR), its affiliates and supporting organizations and any assignee of substantially all of the assets comprising ACR, that:** | |
| **1** | Neither the ACR-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 true, correct, and complete to the best of their knowledge, information and belief. They further agree to notify ACR promptly in the event that they become aware that any representation or warranty set forth above was not true when made. |
| **4** | The VVB will maintain the accuracy and completeness of the information contained herein by notifying ACR in writing at [ACR@winrock.org](mailto:ACR@winrock.org) with cc to [ACRForestry@winrock.org](mailto:ACRForestry@winrock.org) (for Forestry projects) or [ACRIndustrial@wnrock.org](mailto:ACRIndustrial@wnrock.org) (for Industrial projects), within 5 business days of any material change. |
| **5** | Signatory is a duly authorized representative as of the date set forth below. |

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| **Validation/Verification Body Representative Signature** |  |

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| **Name** |  |
| **Title** |  |
| **Organization** |  |
| **Signature Date** | Click or tap to enter a date. |