Michigan Tech

Conflict of Interest Disclosure
Cover Sheet

Name: _____

Your Academic Title: _____

Department/School: _____

Telephone Number & E-Mail Address: _____

Date: _____

I am filing this form as part of:

❏ An outside research grant or contract proposal
(Please indicate name of funding agency and complete a Conflict of Interest Disclosure Form)

_____   _____
funding agency   duration

_____
title of proposal

❏ Yes   ❏ No   Renewal of existing project?

❏ Yes   ❏ No   Are there other investigators on this project?

❏ Yes   ❏ No   Copy of transmittal form & budget attached?
(please attach unless form is brought in person)

❏ A request concerning a Category I, II, or III activity
(Please explain on separate sheet; no disclosure is required)

❏ A request to engage in a Category IV research or consulting activity.
(Please complete Conflict of Interest Disclosure Form)

❏ A request concerning a Category V activity.
(Please explain on separate sheet and complete Conflict of Interest Disclosure Form)

❏ A request for a review/appeal of a decision(s) regarding a potential conflict of interest at the department/school/college level
(Please explain on separate sheet)

❏ A request for additional information concerning MTU's conflict of interest policies
(Please explain on separate sheet)

❏ Other *(please explain on separate sheet)*

Please list names of <u>all</u> MTU investigators: Date Submitted _____

P.I. _____

Co-P.I. _____   Proposal Title _____

Co-P.I. _____   _____

Co-P.I. _____   _____

Co-P.I. _____

Co-P.I. _____

Co-P.I. _____

YOU MUST FILL OUT ITEMS #1 and #2 AND THEN FOLLOW THE INSTRUCTIONS DIRECTLY BELOW #2.

(1) If this is a sponsored program do you have ANY relationship with the sponsor, i.e. intellectual property, consulting, family relationships, financial relationships?

☐ **NO**   ☐ **YES**

(2) DO YOU HAVE ANY SIGNIFICANT FINANCIAL INTERESTS THAT WOULD REASONABLY APPEAR TO BE AFFECTED BY THE ACTIVITIES WHICH YOU PROPOSE TO UNDERTAKE? Significant financial interests are defined as anything of monetary value, including but not limited to salary or payments for services and intellectual property rights held by an individual and/or the members of one's immediate family that exceed in aggregate $10,000 per year; and equity interests held by the individual and/or the members of one's immediate family that in aggregate exceed 5 per cent of the ownership of that entity or total more than $10,000. For further clarification, see the MTU procedures that accompany the conflict of interest policy.

☐ **NO**   ☐ **YES**   ☐ **DON'T KNOW**

- If both answers are **NO**, you need provide no additional information. Sign below and return form with cover sheet to Conflict of Interest Coordinator.
- If any answer is **YES**, complete questions 3 and 4, sign and return.
- If **DON'T KNOW**, complete questions 3 and 4, sign and return. Recognize that the conflict of interest coordinator must resolve indeterminate answers before grant or contract proposals can be released or before permission can be granted to pursue Category IV and V activities.

(3) EXPLAIN ON SEPARATE SHEETS THE NATURE OF ANY POTENTIAL FINANCIAL CONFLICT OF INTEREST. Identify the outside entity(ies) affected by the proposed activity, such as business firm(s) or corporation(s), and identify ownership. Also explain how you, or members of your immediate family, are connected to the outside entity(ies).

(4) AS IDENTIFIED IN QUESTION #2, DISCLOSE YOUR SIGNIFICANT FINANCIAL INTERESTS AND SPECIFY AMOUNTS.
Indicate the salary, consulting payments, or other payments FROM THE OUTSIDE ENTITY, not from the granting agency or from Michigan Tech. Provide this information for all entities that would be affected by the proposed activity. Use additional sheets if necessary.

Salary   _____

Consulting Fees   _____

Other Payments   _____

Intellectual Property Rights   _____
(Please explain)

Equity Interests   _____
(Please specify amount and % of the total of the entity)

Family Employment   _____

The information provided on this form is accurate to the best of my knowledge. I will promptly file an update in the event of changes.

_____   _____
Signature   **Date**