

**CONFLICT OF INTEREST MANAGEMENT PLAN:**

**APPENDIX C: RELATIONSHIPS WITH BUSINESSES SPONSORING  
UNIVERSITY ACTIVITIES OR DOING BUSINESS WITH THE UNIVERSITY**

Complete this form if you answered YES to one or more questions in Section 3 on the EHRA Conflict of Interest (COI) Annual Certification. Use a separate form to report relationships with each enterprise or corporation.

**Name:**

**Banner ID:**

**Campus Address**

**Room:**

**Building:**

**Local Address**

**City/State:**

**Zip Code:**

**Department:**

**Title:**

**Unit:**

**Campus**

**Home/Mobile**

**Telephone:**

**Telephone:**

**Email:**

**1. Do any of your University activities sponsored by this enterprise involve technology owned by or contractually obligated to this enterprise?**

YES       NO

**If YES provide a discussion of the actions or safeguards you will take to prevent your activities from affecting your objectivity as a University employee or will otherwise protect University interest.**

**Complete statements 2-4 and answer item 7 (on this form) if you answered YES to question 6 in Section 3 on the EHRA Conflict of Interest Annual (COI) Certification.**

**2. Type of Board, Board Committee, or executive position held by you or your family member.**

**3. Describe the responsibilities of this relationship.**

**4a. Describe the University activities funded by this enterprise in which you are a participant.**

**4b. Specify the type of funding, gifts, gratuities, fees or other benefit/compensation (direct or deferred) received by you (other than occasional meals, complementary copies of textbooks, etc.) from the enterprise during the last 12 months.**

**Complete the following *and* answer item 7 if you answered YES to questions 7 or 8 in Section 3 on the EHRA Annual Conflict of Interest/Commitment Certification**

**5. If you answered YES to Question 7, complete the following.**

**(a) Describe the nature of the financial interest in the enterprise.**

**(b) If you or a member of the family has a financial interest, other than a consulting relationship, is the interest or shares total market value greater than \$5,000 or does the interest or shares represent an ownership interest of 5% or more?**

**(c) What is the duration of the sponsored research, testing or service, of your consulting contract (if applicable)?**

**(d) Describe the scope and nature of your duties as a consultant (if applicable).**

**6. If you answered YES to Question 8, complete the following.**

**(a) Describe the University position you hold in which you supervise, select, or evaluate services provided to the University by the enterprise or in which you refer University business to the enterprise.**

**(b) List the services/business involved.**

**(c) Does the enterprise compete with services provided by the University?**

YES  NO

**If YES, describe these services.**

**7. For all "yes" answers above provide a discussion of the activities and actions or safeguards you propose to take to prevent your activities from affecting your objectivity as a University employee or will otherwise protect the University's interests.**

*By attaching this form to the Conflict of Interest Annual Certification form, I certify that all of the above information is correct and that I will promptly update information as changes occur.*

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Department Chair**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Dean (if applicable)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Standing Committee on Conflicts of  
Interest and Commitment (if applicable)**

\_\_\_\_\_  
**Date**