

CONFLICT OF INTEREST MANAGEMENT PLAN:

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

Complete this form if you answered YES to questions 2 or 3 on the SHRA Conflict of Interest (COI) Certification. Attach separate sheets and give the answer number for which additional information is provided. 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
Telephone:**

**Home/Mobile
Telephone:**

Email:

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.

5. 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

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

Employee Signature

Date

Supervisor

Date

Next Level Supervisor (if applicable)

Date

