

Stephen F. Austin State University Sponsored Programs Conflict of Interest and Nepotism Management Form

Completed by any faculty/staff member involved in a proposal who has an actual, perceived, or potential conflict of interest/nepotism situation. Routed with the Proposal Clearance and Compliance Forms. Also used to update COI/Nepotism status.

Determination of Potential Conflict: After reading University policies 11.22 Purchasing Ethics and Confidentiality, 11.16 Nepotism, and 8.2. Financial Conflicts of Interest in Sponsored Activities,

- a. Do you have a family member who might benefit from or have the perception of benefiting from the proposed project (such as receiving salary, travel reimbursement, lab supplies, etc.)?
- b. Could there be potential benefits to the PI/Co-PI in the future as a result of the project (for example: an author or coauthor or presenter, income to personal business, etc.)?
- c. Do you have a current or previous personal, professional, or financial relationship or association of any significance with the sponsoring agency, a vendor, or Subawardee of this project?

If you answered yes to any of the above questions, please answer sections 1-4.

Section 1. Faculty/Staff information

Your full name

Title/Position

Department

Section 2. I am disclosing the following personal interest/relationship or affiliation pertaining to this project. Check all applicable boxes below:

Relationship with family or friends
Such as a friend works for a vendor receiving funds from this project or a colleague who is related to you will receive travel funds from this project.

Outside work activities (paid/unpaid)
Such as you serve on the board for one of the contractors or the external entity has paid you an honoraria.

Relationship with external parties
Such as you have stock in a company hired to work on the project or a close personal friend owns a company performing project work.

Conflict of duty
Such as being a member of an organization that will receive funds or benefits as part of this project.

Section 3. The following conflict of interest has been identified:

Name of individual or external entity

Title/Position of individual

If an SFA employee, Department.

Relationship of individual or entity to project

Provide the rationale for why this individual or entity is the most qualified and how they were chosen to participate in the project.

Attach additional documents as needed.

Section 4. Certifications**A. Faculty/Staff disclosing a conflict**

To the best of my knowledge and belief, I have fully disclosed any actual, perceived, or potential conflicts of interest and/or nepotism situations between my duties at the university and my private and/or outside interests in accordance with university policy and sponsor requirements. I acknowledge and agree to comply with the management approach identified later in this form:

Signature _____

Date _____

B. Chair

As the Chair, I agree to oversee the management plan created below to effectively manage any actual, potential or perceived conflict of interest and/or nepotism situation disclosed in this form. This action plan ensures that SFASU and sponsor interests and reputation are adequately protected.

Signature _____

Date _____

C. Dean

As the Dean, I agree to oversee the management plan created below to effectively manage any actual, potential or perceived conflict of interest and/or nepotism disclosed in this form. This action plan ensures that SFASU and sponsor interests are adequately protected in addition to safeguarding SFASU's reputation.

Signature _____

Date _____

Section 5. Sponsored Programs Review

- I have reviewed this disclosure and determined there to be no potential/perceived/actual conflict to manage.
- I have reviewed this disclosure and determined there is a potential conflict of interest, and have determined the following management plan be established to manage and/or eliminate the perceived conflict of interest/nepotism situation described above:

Attach other pages as needed. Examples of action include: **1.** Employee A will be supervised by non-related employee B. **2.** Employee A will be assigned to a team and report to the non-related employee B who has lead responsibilities. **3.** Both employees are employed in the same unit and report to the same supervisor who will manage the sponsored project.

Management
PlanDate / frequency
to review plan

Signature _____

Date _____

Actions taken:

- Discuss management plan on orientation or setup separate meeting
- Return copy to person completing form
- Return copy to chair and dean
- Attach original to Post-Award Compliance Form
- Add follow-up date(s) reminders to Outlook