

UNIVERSITY OF NORTH DAKOTA CONFLICT OF INTEREST FORM 1
FINANCIAL INTERESTS DISCLOSURE DOCUMENT

(to be filed annually by all University personnel)

Name _____ Title _____

College/Adm. Unit _____ Dept./Adm. Unit _____

SECTION I. WHO MUST FILL OUT SECTION II (please check all that apply)

In your association with the University of North Dakota, do you or do you expect to:

- Be responsible for the design, conduct, or reporting of research supported by federal agencies?
- Have signing authority for off-campus purchases of over \$10,000 per year?
- Be in a position to influence decisions on purchases of over \$10,000 per year?

If you have not checked any of the above items, please skip Section II and sign below. Otherwise, complete Section II and sign below.

SECTION II. FINANCIAL DISCLOSURE

In your association with the University of North Dakota, do you make or impact decisions that could be influenced because you, your spouse, and/or dependent children:

- 1) Have a consulting relationship or managerial role that involves annual remuneration greater than or equal to \$10,000 with a company that:
 - does business with the University,
 - is in a field of your research or service activities, or
 - is a sponsor of your research or service activities.
- 2) Have a **significant financial interest** in a company that:
 - does business with the University,
 - is in a field of your research or service activities, or
 - is a sponsor of your research or service activities.
- 3) Have intellectual property interests on a patent, patent application, or a copyright of software assigned or to be assigned to a party other than the University of North Dakota.
- 4) Have outside, income-producing activities involving University personnel or students that constitute a **significant financial interest**.

If you checked any of the above items, please list below the name of each entity in which you have a related financial interest and attach a separate Description of Financial Interest Activity document (Form 3) for each entity.

*In submitting this form, I certify that I have read the **Conflict of Interest Policy**. I affirm that the information I have provided is complete and accurate to the best of my knowledge. I recognize my continuing obligation to report changes in my status.*

Signature _____ Date _____

SECTION II. REVIEW BY EXECUTIVE HEAD OF UNIT

I have reviewed the financial interest disclosure document and any attachments submitted by

_____ on _____.
(Name) (Date)

To the best of my knowledge, a conflict of interest situation does not exist and no further review is required.

I have reviewed the financial interest disclosure document and any attachments submitted by

_____ on _____.
(Name) (Date)

The document may indicate a conflict of interest; therefore, I am referring the matter for further review to the Vice President for Research.

Signature of Reviewing Authority

Date

Title of Reviewing Authority

SECTION III. REVIEW BY THE VICE PRESIDENT FOR RESEARCH

I have reviewed the financial interest disclosure document and any attachments submitted by

_____ on _____.
(Name) (Date)

- I find that no conflict of financial interest exists.
- I find that a conflict of financial interest exists, but does not put the University at risk. Therefore, no conditions are imposed.
- I find that a conflict of financial interest exists and the activity is limited by conditions detailed in a Memorandum of Understanding between the Investigator and the University.
- I find that a significant conflict of financial interest exists that cannot be managed by imposition of conditions and involvement in the activity is prohibited.

Signature of Vice President for Research

Date

UNIVERSITY OF NORTH DAKOTA CONFLICT OF INTEREST FORM 2
CONFLICT OF COMMITMENT DOCUMENT
(to be filed annually by all University personnel)

Name _____ Title _____

College/Administrative Unit _____

Department/Administrative Unit _____

Appointment Percentage (e.g., 100%, 50%) _____

SECTION I. CONFLICT OF COMMITMENT DISCLOSURE

During your past or upcoming contract periods, did you or will you:

1. Spend more than 20% of your total work effort on outside, compensated or voluntary, professional/commercial activities, including consulting or management of an outside business?
 Yes No
2. Use significant University resources (including faculty, students, support staff, facilities, equipment, or confidential information) in carrying out your outside, compensated or voluntary, professional/commercial activities?
 Yes No
3. Serve as principal or co-principal investigator for sponsored projects submitted and managed through other academic, federal, or commercial institutions, excluding subcontracts awarded to the University of North Dakota and/or multi-site training or research projects? Yes No
4. Serve as a manager of an outside business activity in your professional field? Yes No
5. Use University resources to create, discover, or reduce to practice, patentable invention(s) which have not been disclosed to the University? (This question does not apply to books or journal articles.)
 Yes No
6. Be involved in any activities other than those listed that may be perceived as a conflict of commitment?
 Yes No

For each question answered yes, please list all such arrangements and provide an attached written explanation. Dollar amounts are NOT to be disclosed.

*In submitting this form, I certify that I have read the **Conflict of Interest Policy**. I affirm that the information I have provided is complete and accurate to the best of my knowledge. I recognize my continuing obligation to report changes in my status.*

Signature _____ Date _____

SECTION II. REVIEW BY EXECUTIVE HEAD OF UNIT

I have reviewed the conflict of commitment document and any attachments submitted by

_____ on _____.
(Name) (Date)

To the best of my knowledge, a conflict of commitment does not exist and no further review is required.

I have reviewed the conflict of commitment document and any attachments submitted by

_____ on _____.
(Name) (Date)

The document may indicate a conflict of commitment; therefore, I am referring the matter for further review to the Vice President for Research.

Signature of Reviewing Authority

Date

Title of Reviewing Authority

SECTION III. REVIEW BY THE VICE PRESIDENT FOR RESEARCH

I have reviewed the conflict of commitment document and any attachments submitted by

_____ on _____.
(Name) (Date)

I find that no conflict of commitment exists.

I find that a conflict of commitment exists, but does not put the University at risk. Therefore, no conditions are imposed.

I find that a conflict of commitment exists and the activity is limited by conditions detailed in a Memorandum of Understanding between the Investigator and the University.

I find that a significant conflict of commitment exists that cannot be managed by imposition of conditions and involvement in the activity is prohibited.

Signature of Vice President for Research

Date

**UNIVERSITY OF NORTH DAKOTA CONFLICT OF INTEREST FORM 3
DESCRIPTION OF FINANCIAL INTEREST ACTIVITY**

(to be filed if a potential conflict involving a significant financial interest is identified on Form 1)

Name _____ Title _____

College/Administrative Unit _____

Department/Administrative Unit _____

Name of Entity or Activity: _____ Date: _____

Type of Entity: Business Non-Profit Governmental Other

Type of financial interest: Income Equity Ownership

Please explain your significant financial interest. Note that a significant financial interest will generally fall into the categories of income, equity, or ownership. Within these areas, a significant financial interest can involve specific items like, but not limited to:

- honoraria, consulting fees, salary, dividends or royalties
- stock, stock option, real estate, or other investment
- ownership
- you, your spouse, and/or dependent children holding a position of management (director, officer, partner, trustee) with an entity
- an entity holding copyright, patent rights, or license rights to a product of yours, your spouse, and/or dependent children
- an entity manufacturing or commercializing a product of yours, your spouse, and/or dependent children.

Please describe your financial interest: _____

*In submitting this form, I certify that I have read the **Conflict of Interest Policy**. I affirm that the information I have provided is complete and accurate to the best of my knowledge. I recognize my continuing obligation to report changes in my status.*

Signature _____ Date _____

UNIVERSITY OF NORTH DAKOTA CONFLICT OF INTEREST FORM 4
CERTIFICATION OF FILING OF FINANCIAL INTERESTS DISCLOSURE DOCUMENT
(to be filed by all principal investigators)

Faculty/Staff Name: _____

College/Administrative Unit: _____

Department/Administrative _____ Unit: _____

This is to certify that on _____, I filed a UND *Financial Interests Disclosure Document* (Form 1) with _____. It includes information regarding any significant financial interests (and those of my spouse and/or dependent children) that would reasonably appear to be affected by the research, educational, or service activities, for which sponsored program funding is sought, and in entities whose financial interests would reasonably appear to be affected by the research.

Further, I agree:

- To update this disclosure during the period of any award as new reportable significant financial interests are obtained.
- To cooperate in the development of a Memorandum of Understanding (MOU) that constitutes a conflict of interest "resolution plan" if a conflict of interest or potential conflict of interest is found to exist.
- To comply with any conditions or restrictions imposed by the University to manage, reduce, or eliminate actual or potential conflicts of interest or forfeit any relevant award.
- To have a fully-executed MOU in place, if required, prior to making any expenditures of sponsored project funds.

Signed: _____ Date _____

ENDORSEMENTS:

I have reviewed the *Financial Interests Disclosure Document* (Form 1) submitted by _____ and believe that, if it is found that a conflict of interest exists, it will be possible to manage that conflict of interest. If needed, an MOU to manage the conflict of interest during the course of an award will be established prior to expenditure of award funds.

Executive Head Date