

INVESTIGATORS CONFLICT OF INTEREST STATEMENT

The University of Texas at El Paso

FACULTY/STAFF NAME:

DATE:

DEPARTMENT:

COLLEGE/CENTER:

PROPOSAL TITLE:

SPONSORING AGENCY:

- _____ No significant financial interest of myself or my immediate family could reasonably be expected to be affected by this project or its outcomes.
- _____ I am disclosing a significant, related financial interest described in the attached documentation (in an envelope marked confidential) that identifies the business enterprise or entity involved and the nature and amount of the interest

("Significant Financial Interests" are defined as interests valued at greater than \$10,000 per year or an equity interest of \$10,000 or more than five percent interest held by an investigator and the investigator's spouse or dependent children. See additional explanations in the UTEP policy statement, Management of Conflict of Interest in Sponsored R&D.)

FURTHER I AGREE:

- To update this disclosure during the entire period of the award, on an annual basis.
- To cooperate in the development of a conflict of interest "resolution plan," if applicable.
- To comply with any conditions or restrictions imposed by the University to manage, reduce, or eliminate potential conflict of interest or forfeit the award.

SIGNED: _____

DATE: _____

(Investigator's Original Signature)

ENDORSEMENTS (for disclosure only):

I have reviewed the significant financial interest disclosure and believe that it will be possible to develop and execute, prior to award, an MOU to manage, reduce, or eliminate any actual or potential conflict of interest; and, therefore, I recommend that that proposal be submitted to the agency at this time.

DEPARTMENT/UNIT HEAD:

(Signed)

(Date)

COLLEGE DEAN/DIRECTOR:

(Signed)

(Date)

Accepted, No Actual Conflict

Referred to Institutional Conflict of Interest Committee (ICIC)

Vice President for Research

ICIC COMMITTEE ACTION:

BY _____
Chair ICIC

DATE: _____