

**UNIVERSITY OF DAYTON
CONFLICT OF INTEREST & COMMITMENT FORM**

Disclosure Statement

EMPLOYEE

Print Name: _____

Date: _____

Division/Dept.: _____

Circle one: Faculty / Staff / Grad. Student

University employees must complete or update this form annually to disclose current relationships with outside organizations that may be perceived as a conflict of interest or commitment based on the information provided in the UD Conflict of Interest & Commitment Policy for Sponsored Research Programs. This information will be reviewed to determine if a conflict exists; if it does, a resolution will be provided. Any changes during the year that may give rise to a conflict must be disclosed on an updated form. Please answer Yes or No to each question below, sign as indicated, and return the completed form to your supervisor.

	Yes*	No
Are you employed by, or have an ownership interest in, a competitor, or a potential competitor to UD?	<input type="checkbox"/>	<input type="checkbox"/>
If a relationship as described above exists, does it require your attention and/or active participation during the normal workday?	<input type="checkbox"/>	<input type="checkbox"/>
Have you accepted or been offered any remuneration in excess of \$100 (gifts, payments, or services) from any company seeking to do business with the University of Dayton?	<input type="checkbox"/>	<input type="checkbox"/>
Have you offered any remuneration in excess of \$100 (gifts, payments, or services) to any company doing business with the University of Dayton?	<input type="checkbox"/>	<input type="checkbox"/>
Have you placed business or were influential in placing business with a firm owned or controlled by a University of Dayton employee or his/her family?	<input type="checkbox"/>	<input type="checkbox"/>
Have you acted as a paid consultant in the past 12 months or are you currently acting as a paid consultant to any University of Dayton customer or supplier?	<input type="checkbox"/>	<input type="checkbox"/>
Are you actively participating in and/or directing part or all of a UD research project for a sponsor where you or an immediate family member are employed or have a significant financial interest?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a significant financial interest in any company with which the University conducts business? (see Section 2.6 of Policy for additional details)	<input type="checkbox"/>	<input type="checkbox"/>
Do you undertake any business activity outside of the normal workday that could impact your performance on the job at UD?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other related matters of which you wish to make the University aware that may be perceived as a conflict of interest or commitment?	<input type="checkbox"/>	<input type="checkbox"/>

****If you answered Yes to any of the questions, please provide details on a separate page.***

I have answered the above questions to the best of my ability and will promptly submit an updated form in the event of changes.

Employee Signature: _____

Date: _____

SUPERVISOR

- No conflict of interest or commitment exists. No further action needed.
- Conflict exists. Employee may continue activity under specified conditions described in the Conflict Determination and Resolution (to be attached) and must identify the sponsored research account(s) affected, if applicable. (Note: The proposed resolution is subject to review and acceptance by the RI-Director's Office.)

Supervisor Signature: _____

Date: _____

Print Name: _____

(Please send signed Disclosure Statement to Contracts & Grants +0104)