

University of Houston Clear Lake

Annual Certification of Compliance Conflict of Interest for Investigators

Fiscal Year 2021

September 1, 2020 – August 31, 2021

NAME _____

COLLEGE: BUS COE HSH CSE *or* ADMINISTRATIVE DEPARTMENT _____

PLEASE NOTE:

- Signatures are required on the following page. Please sign and date, then forward to your dean/supervisor for additional signature(s).
- **DO NOT submit this form to the Office of Sponsored Programs until it is fully signed!**

Instructions:

The following questions apply to your situation as it currently exists. **If there are any changes during the current fiscal year (September 1 through the following August 31) you must resubmit this fully signed form with the new information.**

If you answer “YES” to any of the questions below, **on a separate sheet of paper describe each situation in detail. Indicate how you propose to manage, reduce or eliminate the conflict of interest. Attach these sheets to this form.**

1. Do you currently have internally or externally sponsored projects, or are you supported by a grant or contract, the outcome of which could affect the interests of an enterprise or entity in which you (or members of your immediate family, i.e., spouse or dependent children as defined by the Internal Revenue Service) have employment or consulting arrangements and/or significant financial interest?

YES NO

2. Do you currently have internally or externally sponsored projects, or are you supported by a grant or contract under which you (or members of your immediate family) have employment or consulting arrangements and/or significant financial interests with the sponsor of the project, a subcontractor to the grant, a vendor or a research collaborator?

YES NO

3. Do you currently have gifts of cash or property which are under your control, or which directly support your teaching or research activities from an enterprise or entity in which you (or your immediate family members) have an employment or consulting arrangement and/or significant financial interests?

YES NO

4. Does the University currently have a technology licensing arrangement with an enterprise or entity for which you, the inventor (or your immediate family members) have employment or consulting arrangements and/or significant financial interests?

YES NO

CERTIFICATION

STEP 1: INVESTIGATOR SIGNATURE

In submitting this form, I certify that the above information is true to the best of my knowledge and that I have read the University's policies related to conflict of interest as described in the "Procedure on Conflicts of Interest for Investigators." I supply this information for confidential review by the University and I do not authorize release of any of it for any other use.

Final Authority: Final authority resides with the Provost. In the event of appeal, final authority resides with the Provost. See UHCL Conflict of Interest Policy Excerpt, Section 6 (<https://www.uhcl.edu/about/administrative-offices/sponsored-programs/conflict-of-interest-policy-excerpt.pdf>).

Retention of Records: The Office of Sponsored Programs will retain Annual Certification of Compliance forms and *ad hoc* reports as required by the external agencies.

SIGNATURE _____

DATE _____

STEP 2: DEAN OR SUPERVISOR REVIEW AND SIGNATURE

Dean or supervisor reviews responses on page 1 and checks one of the four boxes below:

1. No activity is reported and, to the best of my knowledge, no conflict of interest exists.
2. Based on the activity reported (*brief explanation for each significant interest must be attached*), to the best of my knowledge and in my judgement:
 - a. No conflicts exist.
 - b. A conflict of interest may exist but does not appear to be significant.
 - c. A conflict of interest may exist which warrants further review.

DEAN'S OR SUPERVISOR'S SIGNATURE _____

DATE _____

When Box 1 or 2a is checked: STOP HERE and submit the form with investigator and dean/supervisor signatures directly to the Office of Sponsored Programs.

When Box 2b or 2c is checked: Dean or Supervisor must forward the form to the Senior Vice President for Academic Affairs and Provost, for review and signature.

STEP 3: PROVOST REVIEW AND SIGNATURE

I have reviewed and addressed all potential conflicts reported on this form by the investigator.

STEVEN J. BERBERICH, PROVOST _____

DATE _____

**REMINDER: DO NOT SUBMIT THIS FORM TO OSP
UNTIL IT CONTAINS ALL REQUIRED SIGNATURES!**