

University of Houston Clear Lake

Annual Certification of Compliance With the Procedure on Conflict of Interest for Investigators

Fiscal Year 2016

September 1, 2015 – August 31, 2016

NAME _____ TITLE _____

DEPARTMENT _____ EMPL ID _____

The following questions apply to your situation as it currently exists. If there are any changes during the current fiscal year (i.e., September 1 through the following August 31) you must resubmit this form with the new information. If you answer yes to any of the questions below, list each such arrangement, provide an attached written explanation, and indicate how you propose to manage, reduce or eliminate the conflict of interest.

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 or **NO**

2. Do you currently have internally or externally sponsored project or are you supported by a grant or contract where 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 interests with the sponsor of the project, a subcontractor to the grant, a vendor, or a research collaborator?

YES or **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 or **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 or **NO**

CERTIFICATION

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.

Signature _____ Date _____

Administrative Review and Approval

Possible Conflict of Interest

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 judgment:
 - 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 Signature¹ _____ Date _____
Associate Vice President for
Information Resources² _____ Date _____

¹Required on all disclosures, whether or not any activity is reported.

²Required whenever 2(b) or 2(c) is checked.

Distribution instructions:

When Item 1 is checked: Copies of each annual Certification of Compliance will be submitted to the Office of Sponsored Programs from the deans or executive unit heads for retention.

When Item 2 is checked: The dean will forward such certification to the Associate Vice President for Information Resources—as designated by the Senior Vice President and Provost—who will forward copies of all Annual Certification of Compliance forms to the Office of Sponsored Programs after the potential conflict has been addressed.

Final Authority: Final authority resides with the Provost. In the event of appeal, final authority resides with the Provost. See Section 6.

Retention by Division of Research: The Office of Sponsored Programs will retain those annual Certification of Compliance and ad hoc reports as required by the external agencies.

For office use only

Action: _____

Comments: _____

Date: _____ Initials: _____