

Sam Houston State University
Academic Policy Statement 950809
Financial Conflict of Interest Policy
Pertaining to Sponsored Projects

SAM HOUSTON STATE UNIVERSITY
ATTACHEMENT A: FACULTY/STAFF DISCLOSURE STATEMENT

NAME/TITLE _____

COLLEGE/DEPARTMENT _____

TITLE OF SPONSORED PROJECT _____

PROJECT PERIOD _____

CERTIFICATION: I have read and concur with the Sam Houston State University
Financial Conflict of Interest Policy

1. Are you or any member of your immediate family (spouse, parents, parents-in-law, siblings, children, or other relatives living at the same address as faculty member) an officer, director, partner, trustee, employee, advisory board member, or agent of the external organization funding this sponsored project or of any organization from which goods and services will be obtained under the sponsored project?

_____yes (If so, describe in detail the nature and extent of the affiliation on an attached sheet).

_____no

2. Are you or any immediate family member the actual or beneficial owner of more than five percent (5%) or \$5,000 of the voting stock or controlling interest of the external organization funding this sponsored project or any external organization from which goods and services will be obtained under this sponsored project?

_____yes (If so, describe in detail the nature and extent of the equity interest on an attached sheet).

_____no

3. Have you or any member of your immediate family derived income within the past year or do you or any member of your immediate family anticipate deriving income exceeding \$5,000 per year from the external organization funding this sponsored project or any external organization from which goods and services will be obtained under this sponsored project?

_____yes (If so, describe on an attached page the amount of the income and the reason for which it was or will be derived).

_____no

4. Do you have any affiliation with the external organization that would diminish your ability to fulfill your paramount obligations to your students, your colleagues, or the university; or have you involved any graduate student in a proprietary capacity with the external organization?

_____yes (If so, describe on an attached page the nature of the affiliation and the amount of time per week you dedicate to it).

_____no

5.

Signature of Faculty/Staff Member

Date _____

Signature of Department Chair (or immediate supervisor)

Date

Signature of Academic Dean (for faculty only)

Date

Administrative Review and Approval

Based on the activity reported, to the best of my knowledge and in my judgment:

- _____ a. No real or potential financial conflict of interest exists.
- _____ b. A real or potential financial conflict of interest may exist which warrants further review. (Attach an explanation).

_____ Date

Associate Vice President
Research and Sponsored Programs

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[Attachment B: List of examples intended to serve as guidelines for identifying potential conflicts of interest and commitment](#)