

Conflict of Interest Form

Purpose:

Florida State College at Jacksonville (“FSCJ”), in accordance and consistent with the FSCJ’s Conflict of Interest Procedure, has developed this Conflict of Interest Disclosure Form for grants personnel (as defined below) who are applying for or have already received grants to ensure the staff member’s compliance with regulations governing the issuance of grants. Grants personnel must complete this Conflict of Interest Disclosure Form at the time their proposals are submitted, and must update the form during the period of the grant award, either on an annual basis or earlier as new reportable Significant Financial Interests (as defined below) are obtained.

Definitions:

“Significant Financial Interest” does not include the following:

1. Remuneration from Florida State College at Jacksonville;
2. Income from investment instruments in which the grants personnel does not control investment decisions;
3. Income from speaking or teaching engagements sponsored by any government agency, college or university;
4. Income from service on a review panel or advisory committee affiliated with any government agency, college or university.

Refer to Administrative Procedure Manual 02-0213, Conflict of Interest, for more details.

Employee Name:

Position Title:

Project Title:

Disclosure:

All grant personnel must disclose all Significant Financial Interests (including those of his or her Immediate Family) that (i) would reasonably appear to be affected by the grant activities funded or proposed for funding by a federal and/or state grant; or (ii) are in entities whose financial interests would reasonably appear to be affected by such activities.

Do you or any member of your Immediate Family have one or more Significant Financial Interests that (i) would reasonably appear to be affected by the research or educational activities funded or proposed for funding by a federal and/or state grant; or (ii) are in entities whose financial interests would reasonably appear to be affected by such activities?

____ Yes ____ No

If you answered “yes” to the question above, please provide a detailed statement explaining the Significant Financial Interest(s). Attach additional sheets of paper if necessary.

This is an (please check one): Initial Disclosure Updated Disclosure Annual Disclosure

If this is an *initial or updated* disclosure, list the grant(s) to which this disclosure applies:

By signing below, I certify that:

- If this is an **annual** disclosure, please be advised that it applies to **all** federal grants for which I am assigned.
- I have read APM 02-0211 “Standards of Business Conduct and Ethics” and Administrative Procedure Manual 02-0213, Conflict of Interest and understand all applicable federal and state laws.
- I agree to conduct myself in a manner consistent with the policies and practice set forth in the “Standards of Business Conduct and Ethics.”
- If requested, I will participate in the periodic ethical training programs administered by the College.
- I affirm that the above information and any information on attached statements are true to the best of my knowledge.

Signature:

Date:

Administrative Review and Approval of Disclosure:

Check only one item

_____ The grant personnel has not reported a Significant Financial Interest, and, to the best of my knowledge, no conflict of interest exists.

_____ The grant personnel has reported a Significant Financial Interest, and, to the best of my knowledge, no conflict of interest exists.

_____ The grant personnel has reported a Significant Financial Interest, and a conflict of interest that warrants further review may exist.

Project Accounting Signature: _____

Date: _____