



Conflict of Interest Form

Name: _____ SSN: _____
 Title: _____ Phone: _____
 Department/Unit: _____ Fax: _____
 Center Affiliation(s): _____ Email: _____

I certify, as an employee of Lake Superior College, that I am in compliance with and will continue to comply with State of Minnesota statutes and policy and procedures pertaining to CONFLICT OF INTEREST. I further certify that I will comply with any conditions or restrictions imposed by the Institution to manage, reduce or eliminate actual or potential conflicts of interest.

Disclosure Required: Yes ___ No ___

 Signature Date

The disclosure is a(n) new statement annual renewal report of new financial interest
 Associated with the grant/contract/cooperative agreement/award entitled _____

- I have no significant financial interests
 - (a) that are related to or would reasonably appear to be affected by the research proposed for funding; or
 - (b) in external entities whose financial interests would reasonably appear to be affected by such activities.
- I am disclosing the following significant financial interests in the form of:
 - Salary or other payments for services
 - Equity or ownership
 - Intellectual property rights
 - Other significant financial interests that could affect or be perceived to affect the results of research or educational activities proposed for funding
- I have no experiments involving animal or human subjects.
- I am disclosing any experiments involving animal or human subjects.
- I am disclosing (under LSC policy 1B1) a consensual relationship for which I exercise direct or significant authority or influence.

In submitting this statement, I affirm that:

- I will comply with any conditions or restrictions to manage, reduce, or eliminate any conflict of interest identified. Such conditions will be specified in a written Memorandum of Understanding that is mutually satisfactory to me and the LSC. Furthermore, I understand that if the LSC and I cannot arrive at a satisfactory Memorandum of Understanding, any third interested party will be notified of the existence of a conflict of interest which could not be managed by institutional measures and I will not be allowed to expend any funds from this award pending further review/action by the party.
- I agree to update this disclosure during the period of my award, either on an annual basis, or as new reportable significant financial interests are obtained.
- All investigators involved in the project (including subcontractors, subgrantees, etc.) have been informed of their obligations under federal regulations governing disclosure of significant financial interests and have no conflicts of interest or potential conflicts of interest that have not been disclosed.

 Signature Date

This form must accompany all proposals submitted to the President's Office for review.