William Paterson University Sponsored Project and Research Conflict of Interest Disclosure Form

The **Sponsored Projects and Research Conflict of Interest and Commitment Disclosure Policy (Policy)** requires that **key project leaders** have this Disclosure Form on file with the OSP before a proposal is submitted or a sponsored project is initiated, and must be renewed annually for the duration of the project. Disclosure Forms will be reviewed for potential conflicts and, if any are identified and cannot be eliminated, either the proposal will not be submitted or the conflict in the sponsored project will be reported for action to the University Ethics Liaison Officer. Questions regarding this form and policy should be directed to the Office of Sponsored Programs, 973-720-2852 or [grants@wpunj.edu](mailto:grants@wpunj.edu).

The Policy and this Form do not replace or supersede requirements to complete other disclosure forms mandated by the State Ethics Commission and/or University policies, including but not limited to the Business & Personal Relationship Disclosure Form, Outside Activities Questionnaire Form, Travel Form, Scholarly Capacity Annual Disclosure Form, and Request for Approval for Attendance at Events.  If you have any questions related to WP and State ethics requirements, please contact the University Ethics Liaison Officer (ELO) at 973-720-2954 or [ethics@wpunj.edu](mailto:ethics@wpunj.edu).

The Policy seeks to identify potential or actual *Conflicts of Interest* that exist when a *Significant Financial Interest* or *Commitment* to an outside activity would reasonably appear to affect the objectivity and independence of judgment of a *Key Project Leader*. **All financial and commitment interests must be disclosed for all Key Project Leaders and members of their immediate family.** The NJ Commission on Ethical Standards will determine penalties for failure to disclose a conflict or abide by the plan developed to manage a conflict.

Prior to submitting this Disclosure Form to the OSP, all key project leaders must complete the required **online Conflict of Interest Course through the CITI program**. There are five modules, including one about the WP policy and procedures.  The Policy, Disclosure Form, and access to the CITI Program are available in the OSP’s Proposal and Award Management Handbook: <https://www.wpunj.edu/osp/handbook/OSP-Handbook.pdf#page=66>.

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| A **reportable significant financial interest** is one that a key project leader (or a member of their immediate family) has that could directly or significantly affect the design, conduct, or reporting of the project.  A significant financial interest is not:   1. salary, royalties or remuneration from WPU, 2. income from seminars, lectures, or teaching engagements sponsored by public or non-profit entities, 3. income from service or advisory committees or review panels for public or non-profit entities, 4. an equity interest that, when aggregated for the key project leader or their spouse and dependent children, meet both of the following tests:    1. does not exceed $5,000 for NIH or $10,000 for all other sponsors as determined through reference to public prices or other reasonable measure of fair market value AND    2. does not represent more than a 5 percent ownership interest in any single entity, or 5. salary, royalties, or other payments from any entity other than WPU that, when aggregated for the key project leader or their spouse and dependent children, are not expected to exceed $5,000 for NIH and $10,000 for all other sponsors during the next 12 month period.   A significant financial interest is anything that exceeds these limits.  A reportable significant conflict of commitment is an outside activity or relationship that:   1. involves a perceptible reduction of the individual’s time and energy devoted to WP activities, 2. involves the commitment and support of agencies, organizations or activities that affect the individual’s time, energy and commitment to WP, 3. involves the pursuit of interests and/or activities that are in competition to or in conflict with WP’s purpose, mission, policies and plans, or 4. constitutes a similar situation. |

**NJSEC BDF 07/1**

**PERSONAL AND BUSINESS RELATIONSHIPS DISCLOSURE FORM**

Instructions:

A State officer or employee, or special State officer or employee, of a State agency as defined in N.J.S.A 52:34-10.11 who is involved in the procurement process must complete this form in full. Involvement in the procurement process means drafting, reviewing, evaluating or making contract awards or substantively assisting in any of those tasks, or authorizing payments under those contracts.

This form in this format is for use by the OSP in determining if there may be a conflict. If the conflict cannot be resolved (that is, the conflict cannot be eliminated), you will be required to complete the State’s version of this form and submit it to WP or the State of NJ as instructed by WP’s Ethics Liaison Officer while other elements of the this policy are followed pending the outcome of the ethics review.

The completed form must be filed with the head of the State agency in which the State officer or employee, or special State officer or employee, holds office or employment. A copy of the completed form must be forwarded to the State Ethics Commission, PO Box 082, Trenton, NJ 08625-0082. (Hand delivery address: 28 West State Street, Room 1407, Trenton, NJ 08608).

The completed form must be reviewed by the filer on an annual basis. A new form must be completed any time there is a material change to any response.

1. General Information

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| Date of Statement: |  | | |
| First Name: |  | M.I. |  |
| Last Name: |  | | |

Business Mailing Address

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| --- | --- | --- | --- | --- | --- |
| Street Address: |  | | | | |
| P.O. Box: |  | | | | |
| City: |  | State |  | Zip Code: |  |
| Daytime Telephone: |  | | | | |
| Email Address: |  | | | | |
| Position: |  | | | | |
| Department or Agency: |  | | | | |

1. Please complete the following questions for the period covering five years prior to the date of this statement.
2. Please specify below any interest you hold in any firm, association, partnership, corporation or other business organization, including any subsidiary or related company thereof, that has sought or been awarded a public contract with your agency or any agency with which you have involvement in the procurement process.

"Interest" means any ownership or control of any profits or assets of a business organization. Include both the name of the business organization and the nature of your interest (number of shares held, percentage of partnership, etc.).

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1. **Please list below any professional relationship with any person, firm, association, partnership, corporation or other business organization, including any subsidiary or related company thereof, that has sought or been awarded a public contract with your agency or any agency with which you have involvement in the procurement process. Include both the name of the business organization and the nature of the professional relationship.**
2. **Please list below any personal relationship with any principal officer or director of any firm, association, partnership, corporation or other business organization, including any subsidiary or related company thereof, that has sought or been awarded a public contract with your agency or any agency with which you have involvement in the procurement process. Include the name of the principal officer or director, the name of the business organization and the nature of the personal relationship.**

**l certify that the information on this form, to the best of my knowledge and belief, is true, correct and accurate.**

**I understand that l may be subject to discipline and/or prosecution if I have omitted or falsified information.**

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Signature Date

**SPONSORED PROJECT AND RESEARCH CONFLICT OF INTEREST DISCLOSURE FORM SUPPLEMENTARY QUESTION**

1. **Please list below any personal relationship firm, association, partnership, corporation or other business organization, including any subsidiary or related company thereof, any academic institution, or non-profit/not-for-profit/non-governmental organization that you are involved with that requires your time, energy and/or commitment.**

**l certify that the information on this form, to the best of my knowledge and belief, is true, correct and accurate.**

**I understand that l may be subject to discipline and/or prosecution if I have omitted or falsified information.**

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Signature Date

***For use by OSP Office***

**William Paterson University Sponsored Project and Research Conflict of Interest Disclosure Form**

**Key Project Employee Name:** **Control Number:**

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| --- | --- | --- | --- | --- | --- | --- |
| **Key Project Employee** | |  | **OSP Staff** | | | |
| Date, Created or Confirmed | Employee Signature |  | OSP # | Conflict (Y/N) | Reviewer Initials | Review Date |
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