

# OKLAHOMA STATE REGENTS FOR HIGHER EDUCATION



*Improving our future by degrees*

## DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST FORM

**Project Director / Principal Investigator:**

**ITQ Grant Title:**

**Institution:**

**Address:**

**Telephone:**

**Email:**

All persons (i.e. Principal Investigators, Project Directors, External Evaluators and other grant personnel) responsible for designing, conducting, or reporting research to the Oklahoma State Regents for Higher Education (OSRHE) for the ESEA Title II, Type A, ITQ Grant Program must provide verification of any conflict of interest, or lack thereof, in accordance with the Code of Federal Regulations (CFR) §200.112 "Conflict of Interest."

Additionally, §200.113 "Mandatory Disclosures" requires all persons affiliated with the grant project to "disclose, in a timely manner, in writing...all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award...Failure to make required disclosures can result in any of the remedies described in CFR §200.338 Remedies for noncompliance, including suspension and debarment.

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Please indicate if a conflict of interest exists (or will exist) among or between any grant project personnel, grant partners, contractors, or relatives affiliated with these individuals in association with the aforementioned ESEA, Title II, Part A ITQ grant. Conflicts of interest may include, but are not limited to, financial interest in any business or legal entity, or a professional relationship that would reasonably appear to affect the project and / or research conducted on behalf of the grant project.

**YES**

**NO**

If your answer above is "yes," you must also complete the following:

Please attach documentation to this form to indicate in detail the nature of the conflict of interest, including specific names of individuals who are directly involved within the conflict. Please list all such significant financial interests and/or professional relationships, including the nature of each interest and, if applicable, its approximate monetary value.

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Being the Project Director or Principal Investigator for this grant project, I understand and agree that I must ensure that all persons responsible for the design, conduct or reporting of the proposed project do not represent a conflict of interest.

I understand and agree that I must promptly file an update to this Disclosure Form if any of the information reported here should change materially.

I certify that I have read and understand the OSRHE expectations regarding the conflict of interest policy as reflected in the Code of Federal Regulations (CFR) §200 and the Federal Register (Vol. 79, No. 244) of Interest and Procedures. I also certify that I have made all required financial and relational disclosures, and that I will comply with the Policy and any conditions or restrictions imposed by the State Regents to manage, reduce, or eliminate actual or potential conflicts of interest.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

I, as the designated university official, certify that all financial and relational disclosures required by the conflict of interest policy were made; and that actual or potential conflicts of interest, if any, were, prior to funding the award, satisfactorily managed, reduced or eliminated in accordance with the State Regent's conflict of interest policy or disclosed to the agency involved.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DUE October 19, 2017**

**Please submit a digital copy of this completed form to [dthomas@osrhe.edu](mailto:dthomas@osrhe.edu)  
Also, please mail a hard copy of this completed form to:**

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