

Carnegie Institution of Washington  
Employee Disclosure Form

Name: \_\_\_\_\_

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

Dept: \_\_\_\_\_

A *conflict of interest* may take various forms but arises when an employee of the Institution is (or may be) in a position to influence the Institution's administrative, financial, research and educational programs or decisions in ways that could lead to any form of personal gain for the employee or his/her family, or give improper advantage to others to the detriment of the Institution or the interests of the public. This form is to be completed by every employee who is or will be responsible for the design, conduct, or reporting of administrative, financial, research or educational activity within the scope of his/her employment that is funded (or proposed for funding) by a government agency or other outside organization. In addition, this form is to be completed by any employee who intends to propose for outside funding within the next fiscal year. Please refer to the Institution's Policy on Conflict of Interest for further information.

The term *Conflict Entity* as used in this form is not only an individual but also a corporation, partnership, trust, or any other public or private enterprise or organization that is (or is expected to be) (a) a sponsor of your research or educational activity, (b) engaged in an area of business related to the area of that activity, or (c) doing any kind of business or collaboration with the Institution.

Part I. Conflict of Interest Screening Questions

1. Are you or is any immediate family member (your spouse or any dependent child) currently or prospectively a partner, director, trustee, officer, manager, or agent of a Conflict Entity? (Do not include Federal employment for spouse or dependent children.)

Yes (Please explain below) No

2. Do you or does any immediate family member have or expect to have a consulting or other personal service relationship with a Conflict Entity? (Do not include Federal service for spouse or dependent children.)

Yes (Please explain below) No

3. Do you or will you and/or other immediate family member(s) have an ownership or other financial interest (such as stock, partnership interest, option, below market interest rate loan, intellectual property right) in a Conflict Entity of more than five percent or more than \$5,000 in value? (Do not include the ownership interests in entities that are applicants under the Small Business Innovation Research Program or Small Business Technology Transfer Program)

Yes (Please explain below) No

4. Do or will you and/or any immediate family member(s) have the right to receive from any Conflict Entity anything of value including fees, salary, retainers, honoraria, or other payments for services)? (Do not include income from a seminar, lecture, or teaching engagement sponsored by a public or nonprofit entity or income from service on an advisory committee or review panel for such an entity or income from an applicant as described in 3. above)

Yes (Please explain below) No

5. Do or will you or any immediate family member have any other relationship, commitment, activity, right, or asset that you think might present or appear to present a conflict of interest with your research or educational activity?

Yes (Please explain below) No

Part II. Additional Information from Part I

Please identify each Conflict Entity and briefly describe the circumstances that caused a “yes” response in Part I.

Part III. Affirmation

In submitting this Form, I affirm that the above information is true to the best of my knowledge, that I have read the Carnegie Institution of Washington’s Policy on Conflict of Interest, and that I will promptly report any circumstances that requires or may require a change in my responses.

Employee’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Report of Review

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

No conflict of interest exists.

A conflict of interest may exist, but does not appear to be significant. *(If so, please attach an explanation and forward to Department Director.)*

A conflict of interest may exist that warrants further review.

*(If so, please attach an explanation and forward to Department Director.)*

Department Business Manager’s Signature \_\_\_\_\_

Date \_\_\_\_\_

Department Director’s Signature \_\_\_\_\_

Date \_\_\_\_\_

*(if approval needed)*