



EMPLOYEE CONFLICT OF INTEREST (COI) FORM

Name _____

Purpose of COI disclosure (select one below):

Proposal:

- Proposal Title: _____
- Solicitation: _____
- Sponsor: _____
- PI: _____
- Submission Date: _____

Employment:

- Job Title _____
- Project(s) (List all projects or enter NA as applicable) _____
- Supervisor: _____
- Start Date: _____

Part I. COI Screening Questions

1. Do you have a consulting or other financial relationship with the sponsor of your NMC appointment?
__ Yes __ No __ Not Applicable
2. Do you have a managerial role or a significant financial relationship with a company in a field of your research or a company that does business with the NMC (other than NMC partner institutions, UNM, NMSU, NM Tech or LANL)?
__ Yes __ No
3. Do you or any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your NMC appointment? Such relationships may include financial or fiduciary interests or uncompensated activities.
__ Yes __ No

If you answered "Yes" to any of the questions in Part I, skip to Part III below. Otherwise, complete Part II below.

Part II. No COI Affirmation

I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT.

I affirm that the above information is true to the best of my knowledge and that I have read the NMC [COI Policy](#). I understand and agree that if there were a material change (an acquisition of a significant financial interest) to this information, I must submit a new disclosure within 30 days of that change.

Signature _____

Date _____

Part III. Financial Interest Disclosure

<p>1. Please describe your role(s) and responsibilities at the NMC:</p>
<p>2. What is the name of the external entity in which you and/or your family member(s) have a <u>significant financial interest</u>? (If more than one entity is involved, please complete a separate Attachment form for each entity.)</p> <p>_____</p>
<p>3. Entity type: _____ Non-profit _____ For-profit (publicly owned) _____ For-profit (privately held) _____ Governmental _____ Unknown _____ Not applicable</p>
<p>4. What is the primary business of this entity?</p>
<p>5. What position do you and/or your family member(s) hold with this entity (e.g., shareholder, director, officer, employee)?</p>
<p>6. (a) What is the nature of the work that you and/or your family member(s) perform for this entity?</p> <p>(b) Do you and/or your family member(s) have a written employment agreement with this entity? _____ No _____ Yes</p>
<p>7. How is the work you and/or your family member(s) perform for this entity similar to or different than the focus of your NMC research or sponsored program?</p>
<p>8. Check all of the following relationships that this entity has with the NMC:</p> <p>_____ Research Collaborator _____ Vendor _____ Unknown _____ Licensee of NMC Innovations _____ Donor (Gift) _____ None _____ Other (please describe):</p>
<p>9. Are any NMC resources (e.g., facilities, equipment, employees) used on behalf of the entity?</p> <p>_____ No _____ Yes, in the last 12 months _____ Yes, within the next 12 months</p> <p>If yes, is there a written agreement between the NMC and the entity to manage their use? _____ No _____ Yes (specify)</p> <p>If yes, what resources are shared?</p>
<p>10. (a) Is the financial interest derived from royalties or licensing fees? _____ No _____ Yes If yes, please describe the intellectual property to which these interests are related:</p> <p>(b) Is there or will there be a NMC licensing agreement associated with this interest? _____ No _____ Yes</p>

11. With respect to your NMC sponsored research or sponsored program:
- (a) Do you collaborate with any family members? No Yes
- (b) Are any family members paid through your award? No Yes

If "Yes" to either (a) or (b) please provide their name(s): _____

12. Please explain what steps you and/or your family member(s) take (or propose to take) to manage, reduce, or eliminate potential or actual financial conflicts of interest with this entity:

By submitting this form and disclosure attachments, if required, I certify that the information provided is true to the best of my knowledge. I supply this information for confidential review by the New Mexico Consortium, and for such other limited purposes as are required by law, regulation, or contract. I do not authorize release of any of it for any other purpose. I understand and agree that if there is a material change (an acquisition of a significant financial interest) to this information, I must submit a new disclosure and attachment within 30 days of that change.

Signature: _____ Date: _____

**SUBMIT THIS FORM to NMC HR at
New Mexico Consortium, 4200 W Jemez Rd., , Suite 301, Los Alamos, NM 87544
or hr@newmexicoconsortium.org.**

By submitting your form by email, you acknowledge that the NMC cannot guarantee the security or confidentiality of the email and you assume all risk of loss.

Part IV. Conflict of Interest Determination

- No financial or fiduciary relationships disclosed; or the financial interest does not meet the SFI threshold.
- The relationship disclosed represents a significant financial interest (SFI)
- The SFI is determined to be a Financial Conflict of Interest that requires additional management. Management Plan is attached.