



EMPLOYEE CONFLICT OF INTEREST (COI) FORM

Name

Current Relationship with NMC (select one):

- Employment Agreement
- Affiliation Agreement. Home Institution:
- Joint Appoints Agreement. IJAA No.
- JA Team Member under IJAA No.

Purpose of this COI disclosure (select one)

- A. Proposal:
 - Proposal Title:
 - Solicitation:
 - Sponsor:
 - PI:
 - Submission Date:
- B. Employment:
 - Job Title:
 - Project(s) (List all projects or enter NA as applicable):
 - NMC Supervisor:
 - Start Date:
 - This is an annual renewal. Yes No
- C. Participation in a Funded Activity via Individual Joint Appointment Agreement:
 - IJAA holder name:
 - JA PTS No. for the activity:
 - Activity start date:
 - This is an annual renewal. Yes No

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:

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.