Rev 02/01/24

CONFLICT OF INTEREST AND COMMITMENT DISCLOSURE

Name:

Current Relationship with NMC (select one)

- ☐ Employment Agreement
- ☐ Affiliation Agreement. Home Institution:
- ☐ Individual Joint Appointment Agreement (IJA) No.:
- ☐ Joint Appointment Team Member under the IJA No.:

Purpose of this COI Disclosure (select one)

☐ A. Proposal
Proposal Title:
Solicitation:
Sponsor:
PI:
Proposal Due Date:

☐ B. Employment
Job Title:
Project(s) (List all projects or enter N/A as applicable):
NMC Supervisor:
Appointment Start Date:
This Is an Annual Renewal: Yes ☐ No ☐

☐ C. Participation in a Funded Activity via Individual Joint Appointment Agreement (IJA)
IJA Holder Name:
JA PTS No. for This Activity:
Activity Start Date:
This Is an Annual Renewal: Yes ☐ No ☐

☐ D. Requesting Approval for an Outside Activity
Outside Entity Name:
Potential Agreement Type with the Outside Entity:
Agreement Start/End Dates:
Level of Effort at the Outside Entity (% FTE):
How the Outside Activity Affects Your Responsibility to NMC:
Will NMC Resources Be Used? ☐ Yes ☐ No. If yes, specify:

☐ E. Other (specify):

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 only Part II below and skip Part III.

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:

CONFLICT OF INTEREST AND COMMITMENT DISCLOSURE

Part III. Financial Interest Disclosure

1. Please describe your role(s) and responsibilities at the NMC:

2. What is the name of the external entity in which you and/or your family member(s) have a significant financial interest? (If more than one entity is involved, please complete a separate Attachment form for each entity.)

3. Entity type: ☐ Non-profit ☐ For-profit (publicly owned) ☐ For-profit (privately held) ☐ Governmental ☐ Unknown ☐ Not applicable

4. What is the primary business of this entity?

5. What position do you and/or your family member(s) hold with this entity (e.g., shareholder, director, officer, employee)?

6. (a) What is the nature of the work that you and/or your family member(s) perform for this entity?

(b) Do you and/or your family member(s) have a written employment agreement with this entity? ☐No ☐Yes

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?

8. Check all of the following relationships that this entity has with the NMC:

☐ Research Collaborator ☐ Vendor ☐ Unknown
☐ Licensee of NMC Innovations ☐ Donor (G
☐ None
☐ Other (please describe):

9. Are any NMC resources (e.g., facilities, equipment, employees) used on behalf of the entity?

☐ No
☐ Yes, in the last 12 months
☐ Yes, within the next 12 months

If yes, is there a written agreement between the NMC and the entity to manage their use? ☐ No ☐ Yes
(specify) If yes, what resources are shared

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:

(b) Is there or will there be a NMC licensing agreement associated with this interest? ☐ No ☐Yes

CONFLICT OF INTEREST AND COMMITMENT DISCLOSURE

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.