

DISCLOSURE ACKNOWLEDGEMENTS

Program Name: _____ **Date:** _____

The employee’s signature on this Conflict of Interest Disclosure Form serves as documentation of his/her knowledge of and compliance with these reporting requirements. Acknowledgements by the employee’s immediate supervisor and unit head indicate that they are aware of the conflict of interest disclosure and that they are required to notify and provide all the information to the Dean and the Executive Director of the Corporation that they intend to manage the situation. This action(s) will also ensure that: (1) the employee does not have an opportunity to influence the Corporation’s business or financial decisions in ways that could lead to personal gain or give improper advantage to a member of the employee’s immediate family; and (2) the employee can objectively fulfill his or her obligations to the Corporation.

EMPLOYEE’S ACKNOWLEDGEMENT

I certify that I have no actual or potential financial or personal conflict of interest for this project. I also agree to notify the Corporation immediately should an actual or potential conflict of interest arise.

I have completed the attached conflicts of interest disclosure form as required by WVSU R&D Corporation policy. I have also provided a proposed plan of action for managing this disclosed conflict.

Employee’s Full Legal Name and Title _____

Employee Signature _____ Date: _____

SUPERVISOR’S ACKNOWLEDGEMENT

Supervisor’s Name and Title _____

Signature _____ Date _____

COMMENTS / RECOMMENDATIONS:

Empty rectangular box for comments or recommendations.

BUSINESS MANAGER / FINANCE OFFICER ACKNOWLEDGEMENT

Name and Title _____

Signature _____ Date _____

COMMENTS / RECOMMENDATIONS:

Empty rectangular box for comments or recommendations.

EXECUTIVE DIRECTOR ACKNOWLEDGEMENT & FINAL DECISION / RECOMMENDATIONS:

Name and Title: Brunetta Dillard, MBA Executive Director, WVSU R&D Corporation

Signature _____ Date _____

FINAL DECISION / RECOMMENDATIONS:

Empty rectangular box for final decision or recommendations.

CONFLICTS OF INTEREST DISCLOSURE

Disclosure Statement

Revised/Updated Disclosure Statement

Name: _____

Position Title: _____

Department: _____

Program: _____

1. Do you have a relationship with any vendor, contractor, or business entity with which the Corporation does business or is likely to do business, for which you have an opportunity to influence a related Corporation decision; include the relationship of any immediate family member (indicate business entity's name, name of owner or manager, and relationship to employee or the employee's immediate family):

2. Do you have economic interest in any vendor, contractor, or business entity with which the Corporation does business with or is likely to do business, for which you have an opportunity to influence a related Corporation decision: include the economic interest of any immediate family member (indicate the business entity's name, relationship to employee, the annual amount of any profits or compensation, market value of any equity, and any intellectual property rights):

3. Indicate the specific vendor, contractor or business entity, relationship to employee, and Corporation's purchase or contract:

4. Any other apparent or real financial conflict that could result in a personal financial benefit for you or a member of your immediate family, as related to any personal influence in Corporation's operations or business decision:

5. Any other apparent or real conflict, financial or otherwise, that may compromise the employee's decisions or judgment in carrying out the corporation's responsibilities:

In the event that insufficient space is provided on this form for any disclosure, the employee should attach additional pages with reference to the above sections; also indicate in the associate section that additional material is attached.