



**Compliance & Risk Management**  
**Ethics & Conflict of Interest**

***Tri-C Employee Potential Conflict of Interest – Significant Financial Interest Disclosure Form***

Upon completing and signing this form please submit to [Risk.Management@tri-c.edu](mailto:Risk.Management@tri-c.edu).

***Section I – Reporting Non-HHS/NIH Related COI/SFI***

I understand as an employee of Cuyahoga Community, in accordance with the Ohio Ethics Law and the Tri-C Conflict of Interest Policy (3354:1-11-04) and Procedure (3354:1-11-04.02), that I have a duty to avoid and report any financial remuneration, significant financial interests (SFIs) or outside employment with any Affiliated Organization(s) (related entities engaged in contracts or other business activities with the College involving your scope of work) or Affiliated Individual(s) (related individuals engaged in employment, contracts or other business activities with the College involving your scope of work) that pose any potential conflict(s) of interest with my employment with the College. I am submitting the following information for review in accordance with the Tri-C Conflict of Interest Policy:

- Name:
- S#
- Work Phone:
- Work Email:
- Title:
- Department/Organizational Unit:
  
- Supervisor:
- Brief description of your duties and responsibilities at Tri-C:

***Relationship with Affiliated Organization(s) (related entities engaged in contracts or other business activities with the College involving your scope of work)***

- Name of affiliated organization(s), business interest(s) or family business interest(s) you are involved in that has, had, or is pursuing/contemplating pursuing potential business dealings with Cuyahoga Community College:
  
- Summary of business services/product(s):
  
- Explain your role in the affiliated organization, business interest or relationship with the business entity and its owner(s)/operator(s)/principle(s) (e.g., part-time employee, owner-operator, etc.):

- In text box below describe any suspected or potential conflict of interest, any mitigation strategies initiated (e.g., no fiduciary/budgetary authority, recusal from decisions related to the affiliated organization(s), etc.) or indicate you do not suspect a potential conflict by checking the box:

I do not suspect a potential conflict of interest

***Relationship with Affiliated Individual(s)*** (related individuals engaged in employment, contracts or other business activities with the College involving your scope of work)

- Name of College-affiliated student(s), employee(s), applicant(s), etc.:
- S# (if applicable/known):
- Describe your relationship with the individual(s):
- Describe the individual's(s') relationship with the College (e.g., student, employee, applicant, etc.)
- Explain in detail how your role at College could or does intersect with the affiliated individual(s) in the official conduct of College business (e.g., subordinate, supervisory, processing funds/applications, etc.):
- In text box below describe any suspected or potential conflict of interest, any mitigation strategies initiated (e.g., different chain of command, recusal from decisions related to the affiliated individual(s), etc.) or indicate you do not suspect a potential conflict by checking the box:

I do not suspect a potential conflict of interest

By electronically signing my name and S#, I affirm the above statements and information provided are truthful and accurate. I agree to submit a new form whenever I become aware of a potential conflict of interest (COI) / significant financial interest (SFI) involving an affiliated organization and/or affiliated individual as I become aware of said relationship. I understand that failure to disclose any business relationship which presents or potentially presents a conflict of interest is subject to the College's [Corrective Action Procedure Section 3354:1-43-03.01](#).

### **Signature / S#**

Are you or will you be working on an HHS/NIH-Funded Project?    Yes    No (If yes, please complete Section II of this form. You will not be contacted regarding your submission unless further information is required or it is necessary to discuss potential remediation/mitigation action required should a conflict be identified.)

### **Section II - Reporting HHS/NIH-Related COI/SFI**

Employees/investigators working (i.e., designing, conducting, reporting out, etc.) on any HHS/NIH-funded program must complete this form: 1) at the time of application for an HHS/NIH-funded project; 2) within thirty (30) days of acquiring or identifying any ownership or remuneration that could potentially pose a conflict of interest (including, but not limited to marriage, inheritance, etc.); and 3) on an annual basis (no later than June 30<sup>th</sup> each fiscal year), during the period of the award:

I understand, as an investigator taking part in an HHS/NIH-funded program administered wholly or partially by Cuyahoga Community College, I am governed by the College's Conflict of Interest Policy (3354:1-11-04) and Procedure (3354:1-11-04.02), and [42 CFR 50, Subpart F, Promoting Objectivity in Research](#) (FCOI Regulation), as implemented in the 2011 [Final Rule](#) for grants and cooperative agreements, and, that I have a duty to avoid and report any potential conflict(s) of interest and complete any HHS/NIH-required training(s). Therefore, I am submitting the following information in accordance with the College's Conflict of Interest Policy and the other applicable requirements:

- Brief description of your project-related duties and responsibilities:

Do you, your spouse, or dependent children have any financial interest/equity interest (stock, stock options, or ownership) in any **outside entity related to your institutional-HHS/NIH-funded project responsibilities**? If, yes:

- Entity(ies) name (do not include mutual funds and retirement accounts that you do not directly control the investment decisions made in these vehicles):
- Form of ownership (stocks, stock options, or other ownership interest)

- Date(s) financial interest/equity obtained:
- What is the total amount/value of the equity you, your spouse, and dependent children hold interest in for each entity?
- Explain how the entity(ies) are related to the project or check the box:  
Not Applicable or Nothing to Report

Have you, your spouse, or dependent children received any remuneration (e.g., salary) from **any outside entity** (not Cuyahoga Community College) related to your institutional/NIH-funded project responsibilities? If yes:

- Entity(ies) name:
- Type of remuneration (cash, property, etc.)
- What is the total amount/value of the remuneration received by you, your spouse, and dependent children for each entity(ies)?
- Date(s) remuneration received:
- Explain how the entity(ies) are related to the project or check the box:  
Not Applicable or Nothing to Report

Have you been reimbursed or sponsored for travel by any outside entity (not Cuyahoga Community College or other U.S. academic institutions, or U.S. local/state/federal government entities) related to your institutional/NIH-funded project? If, yes:

*Please note: This specific travel disclosure requirement does not apply to the following types of travel:*

- *Travel that is reimbursed or sponsored by a federal, state or local government agency (e.g., travel associated with service on an NIH or NSF or other federal agency study section, site visits, and/or grant peer review panel);*
- *Travel that is sponsored by an accredited U.S. college or university (e.g., travel for providing peer review consultation or speaking engagements);*
- *Travel sponsored by a U.S. academic health center (e.g., speaking engagements);*
- *Travel sponsored by a U.S. research institution that is formally affiliated with a U.S. college or university; or*
- *Travel that is paid for as part of an Office of Sponsored Program sponsored research study/program (e.g., investigator meetings).*

- Purpose of travel:
- Sponsor/Organizer:
- Destination:
- Duration:
- Total travel costs paid by each sponsor(s)/organizer(s):
- Describe how the sponsor(s)/organizer(s) are related to the project or check the box:  
Not Applicable or Nothing to Report

- In your own words, based on the information you reported above, describe any suspected or potential conflict or indicate you do not suspect a potential conflict by checking the box:  
I do not suspect a potential conflict of interest

By electronically signing my name and S#, I affirm the above statements and information provided are truthful and accurate. I agree to submit a new form every year for the duration of the project award (no later than June 30<sup>th</sup> every year) and within thirty (30) calendar days of acquiring or identifying any ownership or remuneration that could potentially pose a conflict of interest. I acknowledge that I will complete training in regards to this project at the direction of the project's Authorized Official. I understand that failure to disclose any business relationship which presents or potentially presents a conflict of interest is subject to the College's [Corrective Action Procedure Section 3354:1-43-03.01](#).

**Signature / S#**

\*Forward completed and electronically signed form the Authorized Official in accordance with all project requirements.