APPENDIX A
CONFLICT OF INTEREST DISCLOSURE STATEMENT

This form is to be used for the following purposes:

1. For annual disclosures to be submitted by September 30th of each year.
2. For disclosures of potential Conflicts of Interest whenever they occur.

Submit completed form to Dorothy Seymour, Associate Director of Human Resources. For questions concerning the information required by this form, or any definitions, refer to UMW 700.2 Conflict of Interest & Financial Disclosure Policy or contact Dorothy Seymour, 683-7010, dorothy.seymour@umwestern.edu.

Certification

By signing below, I hereby certify:

1. I have read and understand the UMW Policy 700.2 Conflict of Interest & Financial Disclosure, and
2. I have: [check the applicable box]
   a. No relationships, contractual commitments, or financial interests that are or might reasonably be perceived to be in conflict with my duties and responsibilities at Montana Western;
   b. A potential conflict of interest which has been duly disclosed previously and there has been no change which requires an updated disclosure; or
   c. Potential conflicts of interest not previously disclosed as described below in the Disclosure Statement.

Disclosures

Complete this section only if you have checked 2c above. If you checked 2a or 2b, sign the bottom of the form, date it, and submit it to Dorothy Seymour, Associate Director of Human Resources.

1. I, my spouse and/or dependent child(ren) have the following interests or relationships (check all applicable):
   a. A Significant Financial Interest in a non-college entity/enterprise directly related to my duties as follows:
      ___Salary or other payment for services (e.g., employment, consulting fees/honoraria)
      ___Ownership interest (e.g., stock, stock options, partnership interest, or other)
      ___Intellectual property rights (e.g., patents, copyrights, or royalties)
   b. Hold a position of executive, officer, or director in an entity engaged in commercial activities directly related to my Montana Western responsibilities.
   c. I was a recipient of grant funding from the U.S. Public Health Service (NIH) during the previous 12 months.
   d. Other potential conflict of interest.

2. In my position at Montana Western, I have responsibility for decisions that may result in direct benefits or detriments to:
   a. A relative as defined in UMW’s Nepotism Policy 700.3 (parent, grandparent, great-grandparent, child, grandchild, great-grandchild, brother, sister, aunt, uncle, niece, nephew, or cousin, by blood relationship; spouse; or brother, sister, parent, or child of spouse; or spouse of one’s brother, sister, parent or child).
   b. A person in whom or with whom I (or my spouse or dependent children) have a financial interest.
   c. A person with whom I have a romantic relationship.

3. I participate as an employee, officer, board member, or owner in an entity which has (or wishes to have) rights to intellectual property for which I was an inventor or creator in my work for Montana Western.

With regard to the above-disclosed interests, attach a written explanation including the name of the entity or person, the nature and extent of the interest or relationship, and any other information necessary to an understanding of the potential conflict of interest.

The information contained in this form is complete and accurate to the best of my knowledge, and I acknowledge my continuing obligation to update my disclosure when there is a significant change in my personal or financial interests creating potential conflicts of interest.

Signature: __________________________ Date: __________________________

Print Name: __________________________