Florida State University

**Conflict of Interest Disclosure Form for the**

**Environmental Protection Agency (EPA)**

The Environmental Protection Agency’s [Final Financial Assistance Conflict of Interest Policy](http://www2.epa.gov/grants/epas-final-financial-assistance-conflict-interest-policy) requires FSU to report conflicts of interest (COIs) that are:

1. Related to Competitive Assistance Agreements. In the case of a competitive award that EPA will make under EPA’s Competition Policy whether an EPA employee drafted, reviewed, or commented on the applicant’s proposal or otherwise provided advice to an applicant on how to write a proposal with the exception of advice regarding whether the applicant or project was eligible for funding.
2. Related to the selection, award and administration of recipient contracts. Any COI described at 2 CFR 200.318(c)(1) involving a procurement contract including, but not limited to, consulting fees or other compensation paid to employees, officers, agents of the applicant or recipient and/or members of their immediate families.

In order to comply with EPA’s policy, this form is to be completed by the Principal Investigator and any other department personnel that may participate in the selection, award, or administration of a contract (including purchase orders for services) issued under an EPA award.

**Employee and Project Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Disclosure: | | New Disclosure Amendment of Previous Disclosure dated: | | |
| Employee Name (last, first, middle initial): | | | | |
| Email: | Phone: | | | Role in Project: |
| FSU PI (if PI is not the disclosing employee named above): | | | FSU Dept Name: | |
| Proposal/Award Title: | | | | |

**Conflicts in Procurement**

According to 2 CFR 200.318, no employee, officer, or agent may participate in the selection, award, or administration of a contract supported by a Federal award if he or she has a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. The officers, employees, and agents of the non-Federal entity may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Do you or any member of your family have any financial or other interest in any consultant, contractor, vendor, or other entity that will receive payments from EPA funds under this project, or would you receive a tangible benefit from entering into an agreement or issuing a purchase order with any consultant, contractor, vendor, or other entity**? **If “Yes”, enter the appropriate information below.** Family members include one party with any of the following relationships to another party: spouse, and parents thereof; children, and spouses thereof; parents, and spouses thereof; siblings, and spouses thereof; grandparents and grandchildren, and spouses thereof; domestic partner and parents thereof, including domestic partners of any individual listed in this definition; and any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.. | | | | | | | | | **Response** |
| Yes  No |
| **Entity #1 Name** | | | |  | **Entity #2 Name** | | | | |
|  | | | |  |  | | | | |
|  |  |  |  |  |  |  |  |  | |
| Describe Financial or Other Interests and Benefit | | | |  | Describe Financial or Other Interests and Benefit | | | | |
|  | | | |  |  | | | | |

**Employee Certification**

I hereby certify that the information I have provided in this form is complete and accurate to the best of my knowledge and that I will:

* Adhere to EPA’s Final Financial Assistance Conflict of Interest Policy and FSU’s Significant Financial Interest Disclosure Policy during the term of the work for FSU;
* Update this disclosure during the period of the award if interests change.
* Cooperate in the development of a Conflict of Interest Management Plan, if required.
* Comply with any conditions or restrictions imposed by the University to manage, reduce, or eliminate conflicts of interest or forfeit the award.

I also certify that no EPA employee participated in the development of this proposal or otherwise provided advice on how to write this proposal, with the exception of advice regarding whether the applicant or project was eligible for funding.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

Submit this form to:

Director, Research Compliance Programs

2021 Westcott North

Tallahassee, FL 32306-1330

[dkey@fsu.edu](mailto:dkey@fsu.edu)