



## FIU EMBRACE EXTERNAL ADVISORY COUNCIL

### CONFLICT OF INTEREST DISCLOSURE FORM

This Conflict of Interest Disclosure Form is intended to afford the EMBRACE External Advisory Council (Council) ample opportunity to forestall any potential conflicts of interest relating to the service of its members and to assure that all Council, Committee and Officer decisions and actions are above reproach. This Form must be filled out by each Council member as required by the Council Bylaws.

A “conflict of interest” arises when a Council member’s private interest may lead to, or be viewed as potentially leading to, disregard of the Council member’s duty to the Council. Examples of conflicts of interest include but are not limited to, when a Council member or members of his/her family has/have business or financial interests that could be viewed as: (a) conflicting with those of FIU/FIU EMBRACE, or (b) benefitting from a relationship with FIU/FIU EMBRACE, or (c) affecting the Council member’s independent, unbiased judgment in light of their decision-making authority and responsibility.

To allow the Council to monitor and promptly address any potential conflicts, please (i) identify below any business or financial interest that may constitute conflicts or potential conflicts of interest, or (ii) confirm that no such conflicts or potential conflicts are known to exist:

### Reporting Guidelines

1. You must report the following outside activities and financial interests prior to participating with the FIU EMBRACE External Advisory Council:
  - a. **ALL Professional compensated activities**, including teaching for another institution.
  - b. **Outside activities in which you use**, more than incidentally, **University facilities, equipment, and/or services**.
  - c. **Outside activities in which you directly or indirectly supervise a student or other employee** with whom you also have a supervisory relationship at the University.
  - d. **You (your spouse, children, or immediate family) own, manage in, are**

**employed in, consult for, or have a contractual relation with** a business which does business with the University.

- e. **You (your spouse, children, or immediate family) own, manage in, are employed in, consult for, or have other contractual activities with a business which competes with the University.**
- f. **You are a candidate** for public office.
- g. **You require or recommend the purchase and use** of books, supplies, equipment, or other instructional resources created or published by you or by an entity in which you have a financial interest.
- h. **You are engaged in any employment, contractual relationship,** or have financial interests which might create a continuing or recurring conflict between your private interests and the performance your public responsibilities and obligations here at the University, including time commitments. This includes any outside activity in which you are required to waive rights to intellectual property.
- i. **You are engaged in outside activities and financial interests required to be reported under federal contract and grant regulations.** Such reports may also need to be made at the time of the submission of the proposal.

**2. In addition to the above activities, you must report all uncompensated activities** which you should reasonably conclude may create an actual or apparent conflict of interest, including a conflict of time commitments.

In accordance with University rules, **I report the following non-university activity (including financial interests).** Please indicate the category or categories of the activity as described in the Guidelines above as follows (Please Check all that apply):

1.    a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_ d. \_\_\_\_\_ e. \_\_\_\_\_ f. \_\_\_\_\_ g. \_\_\_\_\_ h. \_\_\_\_\_ i. \_\_\_\_\_

If any of the above applies, please label and describe the activity or business interest below: (Please use additional pages if necessary)

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2. Any other potential issues or conflicts: \_\_\_\_\_  
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OR

As of today's date, I have none of the financial, professional, or personal relationships listed above.

I have disclosed all potential conflicts of interests of which I am aware, and I agree to file promptly a further Disclosure Form if any additional matters subject to disclosure arise before my next annual Disclosure Form is due.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Please fax or mail this form to  
FIUEMBRACE, Director of Operations  
Florida International University  
MARC 140  
11200 SW 8<sup>th</sup> Street  
Miami, FL 33199  
Tel. 305-348-5377, Fax 305-348-4117