

**EMORY UNIVERSITY
ENVIRONMENTAL PROTECTION AGENCY
CONFLICT OF INTEREST DISCLOSURE FORM**

INSTRUCTIONS FOR COMPLETING THIS FORM:

PURPOSE

The Environmental Protection Agency (EPA) established a policy to regulate disclosure of actual and potential conflicts of interest for those applying for and receiving federal financial assistance awards from the EPA. The purpose of this new policy is to prevent personal or organizational conflicts of interest in the award and administration of EPA grants and contracts.

Below are examples of the types of relationships with which EPA is concerned; however this list is not exhaustive. Please review the policy for the specific language and call the COI Review Office, 404.712.0046, if you have questions.

- An EPA employee provides a competitive advantage to an applicant by providing advice on the grant proposal, previewing or commenting on a grant proposal prior to submission, or otherwise becoming involved in the grant proposal process.
- Procurement of services or goods from employees, officers, agents or family members of the applicant (e.g. subcontracting to an applicant's company, having Emory faculty or employees participate as consultants rather than as members of the research team, hiring family members as consultants, hiring employees of applicant's company as consultants or subcontractors)
- Procurement of services from a parent, affiliate or subsidiary organization (i.e. Emory, Emory Healthcare and its affiliates) related to the award.

WHO MUST COMPLETE THIS FORM?

An *Environmental Protection Agency (EPA) Disclosure Form* must be provided to **Principal Investigators** or **Project Directors** who apply for awards. The PI or PD will fill out this form on behalf of all members of the study team.

WHY MUST THIS FORM BE COMPLETED?

When Emory is the primary awardee of an EPA funded grant, Emory is responsible for monitoring and, if a conflict of interest is found, reporting the conflict of interest to the funding agency.

WHEN TO DISCLOSE?

- BEFORE the proposal is submitted to the agency by OSP;
- At the time that a new relationship arises

The original *EPA Conflict of Interest Disclosure Form* must be submitted with the proposal to the Office of Sponsored Programs. One copy should be retained with the Principal Investigator's records relating to the project.

WHERE DOES THIS FORM GO?

This form should be uploaded into EPEX. It could be submitted to the funding agency, if requested. OSP will forward the form to COI Review Office for review.

EMORY UNIVERSITY DISCLOSURE FORM FOR US ENVIRONMENTAL PROTECTION AGENCY PROPOSALS/AWARDS

Grant Title: _____

Grant/Proposal Number (if available): _____

Your Name: _____

Please consult with your study team and answer these questions to the best of your knowledge.

(1) Has an EPA employee drafted, reviewed or commented on this proposal or otherwise provided advice for this proposal?

Yes No

(2) Do any of the study team members or their immediate family members have a financial interest in any organization that may be considered for purchasing or procurement contracts under this award?

Yes No

(3) Have any of the study team members accepted gratuities, favors or anything of monetary value from parties involved on this project?

Yes No

(4) To the best of your knowledge, will this study involve making purchases from organizations affiliated with your institution?

Yes No

(5) Are there subrecipients, consultants or other significant contributors on this project?

Yes No

(a) If yes, to the best of your knowledge, do any of these subrecipients, consultants or other significant contributors have any affiliation with your institution?

Yes No

(b) Also, if there are subrecipients, please have the site PI on those subawards complete this form as well.

(6) Please provide any additional information about this project and any above disclosed relationships

(7) If you have disclosed any potential relationships and believe that the research will not be impacted by this potential conflict, please explain below.

Certification

I certify that:

1. I have read *EPA's Financial Assistance Conflict of Interest Policy*.
2. I agree to update this information as required by the *EPA's Financial Assistance Conflict of Interest Policy*.
3. Information submitted in this document is true and complete to the best of my knowledge.

Investigator Signature*

Date

*** No “per” signatures or stamps will be accepted**