

Code of Ethics and Conflict of Interest Policy Agreement and Disclosure Form

Please check each box, indicating your agreement with each statement. **If you do not agree, do not sign this form.**

Return completed form to: Office of Sponsored Programs and University Initiatives, 1509 N Boulder Avenue, Admin Bldg, Room 207, Russellville, AR 72801

☐ I have read, understand, and agree to abide by the Arkansas Tech University Code of Ethics and Conflict of Interest Policy for Grants, Contracts and Sponsored Programs in all aspects of my involvement with grants, contracts, and sponsored programs.

☐ I agree to disclose any circumstances or change in circumstances that could be construed as a conflict, perceived conflict, and/or violation or potential violation of the Code of Ethics and Conflict of Interest Agreement during the term of my project and to report any conflict, violation, or potential for violation, immediately upon discovery.

CONFLICT

Either check the box or explain any actual, potential, or perceived conflict that currently exists (or exists due to a change in circumstance or a recent discovery). *Attach separate sheet if needed and specify "continued on next page".*

☐ No conflict exists

VIOLATION

Either check the box or explain any violation of which you are aware or have become aware including violations committed by other. *Attach separate sheet if needed and specify "continued on next page".*

☐ No violation exists

By signing this form, you attest that all information provided is accurate and complete and you acknowledge that all information not determined to be exempt may be released by the University upon public request without further notice.

Applicant Signature _____ Date

Printed Name Phone

Title Department

Active Awards (Name and Index Code)

Administrative Review

Based upon the the self-disclosure as indicated on this form and any attachments:

☐ No conflict or violation ☐ Further action or investigation required ☐ Approved with conditions ☐ Unacceptable conflict or violation

GGSRC Chair _____ Date _____

Date of notification of GGSRC determination of status _____ Method of notification of status _____