

**ADDENDUM B**



**TEXAS SOUTHERN UNIVERSITY  
Disclosure of Potential Conflict of Interest Form**

Name: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Faculty or Staff: \_\_\_\_\_ Title: \_\_\_\_\_

Department(s): \_\_\_\_\_ Percent FTE: \_\_\_\_\_

If you are a principal investigator or co-principal investigator and/or are responsible for the design, conduct or reporting of research or educational activities and you or your work is supported by an external or internal grant, cooperative agreement or contract, you may be required to comply with the TSU Policy on Conflict of Interest for Academic Staff and to complete an alternative "Annual Certification of Compliance with the Policy of Conflict or Interest for Academic Staff".

1. Have you in the past academic year had a consulting or other paid employment relationship with any organization besides Texas Southern University?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate the total number of days spent on these activities: \_\_\_\_\_

2. Do you or any member of your immediate family have an employment or financial relationship with an organization that you know to be a vendor, contractor or party to any procurement activity in which Texas Southern University is a party, or does it provide a financial interest that in any way might be interpreted as creating a conflict of interest?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you or any member of your immediate family accepted any benefit, gift or remuneration from any outside entity that you know to be a vendor, contractor, or party to any procurement activity in which Texas Southern University is party?

Yes \_\_\_\_\_ No \_\_\_\_\_

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If you have answered **yes** to questions 2 or 3, please attach a detailed explanation of the relationship or benefit.

I certify that I have read the attached policy and have provided full disclosure of all relationships that may create a conflict with my Texas Southern University obligations and responsibilities.

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Signature

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Date