

LOI Submission Number: [Click here to enter text.](#)

**ORGANIZATIONAL CONFLICT OF INTEREST/PERSONAL CONFLICT OF INTEREST
DISCLOSURE FORM**

Pursuant to the Gulf Research Initiative (GoMRI), all Research Institutions receiving GoMRI grants or subgrants to conduct Approved Research Projects, including any employees or contractors of such Research Institutions working on GoMRI Approved Research Projects, are required to exercise good judgment and the highest ethical standards in their job responsibilities. Conflicts of interest, or the appearance of such, may compromise the GoMRI's integrity and should be avoided. Employees or contractors of the Research Institutions receiving GoMRI funds to conduct Approved Research Projects may not use their involvement with the GoMRI to make a profit or to obtain any other personal advantage, either for themselves, for their families (spouse, child, and other household members), or for any person or entity in whom or in which they have a significant financial or other vested interest. *Potential and actual conflicts of interest*, or the appearance of such, must be managed so that the GoMRI's mission is not compromised, research conducted as part of the GoMRI is free from bias or perceived bias, the research investment is protected, and confidence in the integrity of the GoMRI activities is maintained.

The principal investigator and any co-principal investigators must complete the following disclosure form. The GoMRI Grant Unit will review all disclosures. The goal of all reviews is to determine if a conflict of interest exists, and determine what conditions or restrictions, if any, should be imposed by the GoMRI Grant Unit to manage, reduce or eliminate such conflict of interest. Such steps will be carefully documented and filed with the grant agreement. In the event that the GoMRI Grant Unit is unable to satisfactorily manage a conflict of interest, then it shall submit such conflict to the GoMRI Research Board which shall determine how to proceed, including conducting consultations with the GoMRI Grant Unit, GOMA, and BP, as applicable.

PI or Co-PI Name:

Research Institution
Name:

Project Title:

SECTION A. FINANCIAL DISCLOSURE

AT THIS TIME, I, an employee or contractor of Research Institution: "[Click here to enter text.](#)"

HAVE NOTHING TO DISCLOSE

(If nothing to disclose, proceed to Section B
Organizational or Professional Connections)

I am disclosing the following significant financial interests related to BP, GOMA, the Consortium for Ocean Leadership or any entity with any interest in the Deepwater Horizon incident, including relating to cleanup, damage assessment or liability associated with such incident (each a "Potentially Conflicted Entity"). The term "significant financial interest" means anything of monetary value, including, but not limited to, salary or other payments for services (e.g., consulting fees or honoraria); equity interest (e.g., stocks, stock options or other ownership interests); and intellectual property rights (e.g., patents, copyrights and royalties from such rights). The term does not include:

- salary, royalties or other remuneration from the above-named Research Institution;

- income from seminars, lectures, or teaching engagements sponsored by public or non-profit entities;
- income from service on advisory committees or review panels for public or nonprofit entities;
- an equity interest that, when aggregated for you and your family (spouse, child, and other household members) meets both of the following tests: does not exceed \$10,000 in value as determined through reference to public prices or other reasonable measures of fair market value, and does not represent more than a 5% ownership interest in any single entity; or
- salary, royalties or other payments that, when aggregated for you and your family (spouse, child, and other household members) are not expected to exceed \$10,000 during the twelve-month period.

Name of Potentially Conflicted Entity: [Click here to enter text.](#)

Address of Potentially Conflicted Entity: [Click here to enter text.](#)

Principal Type of Business: [Click here to enter text.](#)

Are you a director, officer, partner, trustee, or employee of the entity? Yes No

Do you have an investment of \$10,000 or more in the entity? Yes No

Do you hold an equity position of 5% in the entity? Yes No

Have you received income, or gifts valued at \$50 or more from the entity? (Exclude income received from the entity for a previously completed project.) Yes No

Have you received a loan from the entity for which the outstanding balance exceeded \$250 in the past 12 months? Yes No

Do you have an interest in any intellectual property rights belonging to the entity? Yes No

Do you have any other financial conflicts of interest with your GoMRI activities? Yes No
If Yes, please explain: [Click here to enter text.](#)

Additional sheets may be added if needed.

SECTION B. ORGANIZATIONAL OR PROFESSIONAL CONNECTIONS

AT THIS TIME, I

HAVE NOTHING TO DISCLOSE
(If nothing to disclose, proceed to Section C. CERTIFICATION)

Do you have an outside job that may create a conflict of interest with your GoMRI research activities, as proposed?
No Yes

If Yes, please explain: [Click here to enter text.](#)

Do you have any other professional connections or other business relationships that might conflict with your GoMRI research activities, as proposed? No Yes

If Yes, please explain: [Click here to enter text.](#)

Additional sheets may be added if needed.

SECTION C. CERTIFICATION

- I agree to update this disclosure either on an annual basis, or as new reportable significant information is obtained.
- I agree to cooperate in the development of a Mitigation Plan to address any actual or potential conflict of interest identified via this Disclosure.
- I agree to comply with any conditions or restrictions imposed by GOMA or Ocean Leadership to manage, reduce, or eliminate actual or potential conflicts of interest.

Signed: _____
Signature of PI or Co-PI Title

Date: [Click here to enter a date.](#)

SECTION D. ENDORSEMENTS

I have reviewed this disclosure and believe that no significant conflicts exist or, if one does exist, that it is possible to develop and execute, prior to employment or award, a Mitigation Plan to manage, reduce, or eliminate any actual or potential conflict of interest.

Signed: _____ Date: [Click here to enter a date.](#)
Signature of PI Title