CPWR’s CONFLICT OF INTEREST POLICY

Employees and board members have an obligation, according to federal regulations, to conduct business within guidelines that prohibit actual or potential conflicts of financial or other interests. The purpose of these federal regulations is to promote objectivity in research by preventing bias in the design, conduct, and reporting under NIH grants or cooperative agreements.

This policy establishes only the framework within which CPWR wishes to operate. The purpose of these guidelines is to provide general direction so that employees can seek further clarification on issues related to the subject of acceptable standards of operation. The NIH website http://grants.nih.gov/grants/policy/coi/index.htm provides additional information.

An actual or potential conflict of interest occurs when an employee, board member, contractor/consultant, or consortium member is in a position to influence a decision that may result in a personal gain, financially or otherwise, for that employee or for a relative as a result of CPWR's business dealings. Additionally, a conflict of interest occurs if a spouse or relative owns or is employed by an entity that does business with CPWR. For the purposes of this policy, a relative is any person who is related by blood or marriage, or whose relationship with the employee is similar to that of persons who are related by blood or marriage.

This policy applies to Investigators and other key personnel, as defined below by NIH.

- Investigator refers to the Project Director (PD) or Principal Investigator (PI) and any other person, regardless of title or position, who is responsible for the design, conduct, or reporting of research funded by the NIH, or proposed for such funding, which may include, for example, collaborators or consultants.

- Senior/key personnel refers the PD/PI and any other person identified as senior/key personnel by the Institution in the grant application, progress report, or any other report submitted to the PHS by the Institution under the regulation.

Under this policy, an Investigator and other key personnel must disclose any significant financial interests existing with an entity that sponsors your program, has another involvement in your program (such as providing consulting services),
or that has another interest (such as products, services, or projects) which could be affected by your program. A significant financial interest involves:

- Receiving compensation, other than from CPWR, during the year over $5,000,
- Having an equity interest over $5,000,
- Having intellectual property rights and interests, or
- Having an ownership interest over five percent (5%)

Investigators also must disclose the occurrence of any travel relating to their CPWR duties, which is paid for or reimbursed by an entity other than CPWR.

If a potential or actual conflict of interest occurs, or a new significant financial interest is discovered, CPWR’s Executive Director must be notified within 30 days of the occurrence. At that time, CPWR and its advisors will determine if it is a reportable condition and recommend a plan of action. Contact the Executive Director for more information or questions about conflicts of interest.

Questions
During the last calendar year, did you, your spouse/domestic partner, or any relative related by blood or marriage:

1. Have a significant financial interest in an entity in which CPWR conducts business with?
   >>>>>> no    >>>>>> yes

2. Have an actual or potential conflict of interest (financial or other)?
   >>>>>> no    >>>>>> yes

3. Have any travel expenses relating to their CPWR duties that were paid or reimbursed by another entity, other than CPWR?
   >>>>>> no    >>>>>> yes

If you have answered yes to any of the above questions, please explain on the lines below.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________
Name: _______________________ Signature: ___________________________

Date: _________________________