



## Texas Christian University Conflict of Interest Disclosure Guidelines and Procedures

Faculty and staff of Texas Christian University have the duty to avoid activities that may result in a conflict of interest or the appearance of a conflict of interest.

Faculty and staff shall report any potential or real conflict of interest involving **significant ownership** in an entity which might compete with the University, or any business interest of the employee or **immediate family** member in an entity providing goods or services to the University as provided below.

A full disclosure by faculty and staff of any such interests shall be reported to the Office of the Vice Chancellor for Finance and Administration on at least an annual basis. While the University does not want to exclude any entity from providing it with quality goods and services, disclosure is required for interests by the faculty or staff member or his or her immediate family as follows:

1. All faculty and staff must report the existence of a potential or real conflict of interest prior to the commitment of funds. If a potential or real conflict exists, it must be reported to the Office of the Vice Chancellor for Finance and Administration on the attached Disclosure Report.
2. Potential or real conflicts of interest that must be reported include but are not limited to:
  - a. **Significant ownership** in an entity providing services, supplies, or equipment to the University in an amount greater than \$2,500 in a fiscal year.
  - b. **Immediate family** or business partner who is employed in companies used by the University and who stands to benefit directly from the purchases (i.e. sales representative, service employee, significant owner, etc.).
  - c. Receipt of consulting fees, salary, or other items of monetary value from an entity seeking to or doing business with the University in amounts exceeding \$250 per occurrence or \$500 per fiscal year.
3. Each purchaser with a potential or real conflict is required to submit a Disclosure Report form to the Office of the Vice Chancellor for Finance and Administration stating the nature of the conflict. The report will detail the potential or real conflict of interest and will explain how the conflict will be managed, reduced, or eliminated.

### Definition of Terms:

**Significant Ownership** Defined as the lesser of 5% ownership or \$10,000.

**Immediate family** Defined as descendants, parents, aunts, uncles, brothers, sisters, wards or spouses/domestic partners of the faculty or staff member or of his/her spouse.

**Texas Christian University  
Conflict of Interest  
Disclosure Report**

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Title: \_\_\_\_\_ Department: \_\_\_\_\_  
Email: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

1. Please complete this section if you, a member of your immediate family, or business partner has **significant ownership** in an entity providing services, supplies, or equipment to the University and receiving payment from the University greater than \$2,500 in a fiscal year.

Briefly describe the nature of the business. Include all facts that bear on the conflict of interest. Explain how the potential or real conflict will be managed, reduced or eliminated.

2. Please complete this section if you, a member of your immediate family, or business partner, is employed in entities used by the University and stands to benefit directly from the purchases (i.e. sales representative, service employee, **significant owner**, etc.)

Briefly describe the nature of the business. Include all facts that bear on the conflict of interest. Explain how the potential or real conflict will be managed, reduced or eliminated.

3. Please complete the section below if you receive consulting fees, salary, or other items of monetary value from an entity seeking to or doing business with the University, and exceeding amounts as set forth in the Conflict of Interest Disclosure Guidelines and Procedures.

Briefly describe the nature of your relationship with the potential or real entity. Include all facts that bear on the conflict of interest. Explain how the potential or real conflict of interest will be managed, reduced, or eliminated.

To the best of my knowledge, the information I have provided in response to the above questions is complete and accurate.

Faculty/Staff Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed the information provided by the above-named faculty or staff member.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

If further action is required by the supervisor, please attach an explanation of action taken.

Return to: Office of the Vice Chancellor for Finance and Administration, TCU Box 297041

This report is to be completed annually if a potential or real conflict of interest exists. It is additionally required on a per occurrence basis as provided by the Conflict of Interest Policy.

*Comments (internal use only):*