

## Conflict Management Plan

### NON-RESEARCH CONFLICTS OF INTEREST & COMMITMENT AND AVOIDING NEPOTISM

This conflict management plan will be implemented to manage, reduce, or eliminate the disclosed real or potential conflict(s) of interest or commitment (including nepotism) described below.

#### Section I: General Information

- Name of covered person(s) (the person(s) with the conflict):
- Nature of conflict of interest, external commitment or potential for nepotism (check all that apply):
  - Equity interest** (if to publicly traded entity, exceeds 5% or value of \$5,000 in the aggregate over preceding 12 months) in an entity doing business with Cornell (covered person or covered person's Family)
  - Outside Employment** (includes salary or any payment for services) to covered person or covered person's Family exceeding \$5,000 in the aggregate over preceding 12 months. [See exclusions under definition of Significant Financial Interest (SFI) in policy 4.14]
  - Relationship** (e.g., family member, business associate, personal relationship etc.). [Refer to policies 4.14 and 6.14 for definitions]
  - Purchasing and Contracting** (e.g., procurement, exchange, or sale of goods, services, or other assets)
  - Conflict of Commitment** (e.g., part-time employment, community, and civic activities, or other external commitment)
  - Use of university resources**
  - Other** (please specify): \_\_\_\_\_
- Value of Significant Financial Interest (check one):
  - Not applicable to this disclosure
  - Over \$5,000
  - Gift with value over \$75
  - The value of this financial interest cannot be readily determined through reasonable measures of fair market value.
- Brief Description of the Disclosed Actual, Apparent or Potential Conflict of Interest or Commitment:

## Section II: Conflict Mitigation

1. Mitigation Step(s): (Describe the approved management approach to eliminate or minimize the conflict. For each item, indicate specific steps to be taken and by whom. Refer to the conflict management plan methods checklist for guidance on selecting appropriate methods).
2. Additional stipulations, if applicable:
3. List Conflict Management Plan Distribution to covered persons and other affected units and/or external disclosure requirements:
4. Plan Monitoring or Modification Schedule:
5. Date of Next Review:
6. Retention Plan: Refer to Unit retention procedures.

### Section III: Signatures

**ACKNOWLEDGMENT:**

*By signing below, I accept and agree to comply with the management approach described in this Conflict Management Plan. I will inform my supervisor of any change in circumstances that may affect this plan.*

Covered Person: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing below, the Unit Head (or Unit Head’s designee) approves the Conflict Management Plan and agrees to monitor the management approach described within this plan.*

Unit Head (or Unit Head’s Designee): \_\_\_\_\_

Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return this form to your local HR rep for inclusion in the electronic employee file.***