

Conflicts of Interest & Commitment

RESEARCH AND INNOVATION OFFICE

Disclosure of External Professional Activities (DEPA) Form

Statement of Authority and Purpose

The University of Colorado Administrative Policy Statement [5012](#) prohibits employees from compromising or appearing to compromise their teaching, research, outreach or other university activities ("Institutional Responsibilities") for financial or personal benefit. Accordingly:

1. Individuals involved in the design, conduct, or reporting of research ("Investigators") or with a faculty title must disclose external financial and personal interests to the university (including [Significant Financial Interests](#) ("SFI")) and make commitments regarding those interests to ensure that the interests could not directly and significantly affect their institutional responsibilities; and
2. If the [Conflicts of Interest & Commitment Office](#) determines that, even after making such commitments, a discloser's interest(s) COULD directly and significantly affect their institutional responsibilities or compromise their professional judgment or actions (meaning such interests have ripened into a Conflict of Interest ("COI")), further action will be required to manage or remove the conflict.

The Conflicts of Interest & Commitment Office has authority to:

1. Obtain conflict of interest and commitment disclosures (referred to as DEPA Forms) from individuals involved in the design, conduct, or reporting of research at or for the University of Colorado Boulder ("CU Boulder") or with a faculty title;
2. Evaluate the interests of these disclosers; in particular, those interests that reasonably appear to be related to the discloser's institutional responsibilities;
3. Inform disclosers of their obligations to CU Boulder, to the CU Boulder community, and to federal sponsor(s), if any;
4. Require a commitment to meet such obligations; and thereafter,
5. Require action be taken by the discloser and the discloser's chair or director to manage or remove those Significant Interests ("SI") that COULD directly and significantly affect the discloser's institutional responsibilities.

NOTE TO DISCLOSER: If you need assistance with or have questions about completing this form, please email the COIC Office at coi@colorado.edu.

Discloser Information

***Discloser Name:** First Name Last Name

***Department:** Department Name

***Employee ID:**

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1. Discloser Confirmation

*Do you participate in the design, conduct or reporting of research at or for CU Boulder?

Yes No

*Are you engaged in teaching at CU Boulder?

Yes No

*Are you involved in the delivery, development or assessment of NSF-funded educational activities?

Yes No

2. Discloser Status: Relationship to University of Colorado Boulder (CU Boulder)

*Are you an employee of CU Boulder?

Yes No

If you responded “No” to the above question, please complete:

*If not an employee of CU Boulder, select one of the following that best describes your relationship to CU Boulder:

- Non-employee consultant, contractor or visiting researcher paid by the university.
- Sub-recipient or sub-contractor whose employer is under contract with the university.
- Non-employee graduate student of CU Boulder.
- Non-employee undergraduate student of CU Boulder.
- Volunteer or visiting researcher neither paid by nor a student of CU Boulder.
- Other

If you answered “Yes” to the above question (“Are you an employee of CU Boulder?”), please complete:

*Are you also a CU Boulder graduate or undergraduate student?

Yes No

*Are you a full-time employee of CU Boulder?

Yes No

*Please describe your part-time arrangement with CU Boulder (if applicable):

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Federal Reporting Obligations

The questions in this section are intended to identify which federal sponsors, if any, fund your research at or for CU Boulder.

*Does any agency or office of the U.S. Federal Government fund research you are designing, conducting or reporting at or for CU Boulder?

Yes No

*Identify which, if any, of the following offices and agencies of the U.S. Federal Government fund research that you are designing, conducting, or reporting at or for CU Boulder (check all that apply. **If you answered "Yes" to the question above, at least one of the offices or agencies below must be selected.**

Any office or agency of the Public Health Service (PHS) within the Department of Health and Human Services, including but not limited to: any of the National Institutes of Health (NIH), Center for Disease Control (CDC), and Food and Drug Administration (FDA).

If you checked the box above, please complete:

NOTE TO DISCLOSER: Please check below to confirm your understanding that, prior to the release of a grant or contract award, you must complete the training module entitled **CU: Conflict of Interest for NIH/DOE**, and refresh at least every four (4) years.

Click to watch: [NIH/DOE Training](#) *Training completed: *Date of last training:

[Transcript for the Conflicts of Interest Training for NIH/PHS/DOE Researchers](#)

- National Science Foundation (NSF)
- National Aeronautics and Space Administration (NASA)
- Any office or agency of the Department of Defense (DOD), including but not limited to: the Departments of the Air Force, Army, and Navy, the Office of Naval Research (ONR), the Defense Advanced Research Projects Agency (DARPA), and the Defense Threat Reduction Agency (DTRA)
- Any office, laboratory, or agency of the Department of Energy (DOE), including but not limited to: the Advanced Research Projects Agency – Energy (ARPA-E)

If you checked the box above, please complete:

NOTE TO DISCLOSER: Please check below to confirm your understanding that, prior to the release of a grant or contract award, you must complete the training module entitled **CU: Conflict of Interest for NIH/DOE**, and refresh at least every four (4) years.

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Click to watch: [NIH/DOE Training](#) *Training completed: *Date of last training:

[Transcript for the Conflicts of Interest Training for NIH/PHS/DOE Researchers](#)

Other:

Please attest to your understanding of the following:

I understand that this Disclosure is required to obtain funding from the U.S. Government. I, [Full Name and Title], certify to the best of my knowledge and belief that the information contained in this Disclosure Statement is true, complete, and accurate. I understand that any false, fictitious, or fraudulent information, misrepresentations, half-truths, or omissions of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. (18 U.S.C. §§ 1001 and 287, and 31 U.S.C. 3729-3730 and 3801-3812). I further understand and agree that (1) the statements and representations made herein are material to U.S. Government’s funding decision, and (2) I have a responsibility to update the disclosures during the period of performance of the award should circumstances change which impact the responses provided below.

Yes, I understand:

PHS/NIH Significant Financial Interests

NOTE: If not applicable, skip this section.

Relative to the below questions: Close family members include, but are not limited to: spouse, parents (discloser’s or spouse’s), children, siblings, son/daughter-in-law, step relatives, domestic partner, and/or relatives of domestic partner.

Publicly-Traded Entity (PTE)

*In the past twelve (12) months, have you or a close family member (including your spouse and dependent children) received anything of value that when aggregated exceeds \$5,000 from a domestic **Publicly-Traded Entity (PTE)**, or in any amount from a foreign **Publicly-Traded Entity (PTE)** that reasonably appears to be related to your responsibilities at CU Boulder? Examples include salary, consulting fees, honoraria, other payments for services or authorship as well as non-monetary resources such as free or subsidized space, laboratories, equipment, materials, or support services.

Yes No

*Do you or a close family member (including your spouse and dependent children) hold an **equity interest** (e.g., stocks, stock options or other ownership interests) in a PTE that reasonably appears to be related to your responsibilities at CU Boulder?

Yes No

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*Does the combination of **value** received from, plus the value of **equity interest** held in, a PTE exceed **\$5,000** for one or more **Domestic Entity** or **\$0** for any **Foreign Entity**?

Yes No

If you checked "Yes" in response to the question above, please complete the following section:

Your answer "Yes" to the preceding questions indicates that you have a [Significant Financial Interest](#) (SFI).

Please complete each field in the table below for **every PTE** in which:

1. The combination of **value** received from, plus the value of **equity interest** held in, a PTE exceeds **\$5,000 for a domestic entity or \$0 for a foreign entity**; and
2. Your interest reasonably appears to be related to your institutional responsibilities at CU Boulder.

If you have more than four (4) PTEs to report, please request a supplemental form from coi@colorado.edu.

***Publicly-Traded Entity Information:**

	PTE 1 Name	PTE 2 Name	PTE 3 Name	PTE 4 Name
Country of PTE	Country Name	Country Name	Country Name	Country Name
Type of value received	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Payments for services or authorship <input type="checkbox"/> Salary <input type="checkbox"/> Stocks <input type="checkbox"/> Stock options <input type="checkbox"/> Non-monetary <input type="checkbox"/> Other	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Payments for services or authorship <input type="checkbox"/> Salary <input type="checkbox"/> Stocks <input type="checkbox"/> Stock options <input type="checkbox"/> Non-monetary <input type="checkbox"/> Other	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Payments for services or authorship <input type="checkbox"/> Salary <input type="checkbox"/> Stocks <input type="checkbox"/> Stock options <input type="checkbox"/> Non-monetary <input type="checkbox"/> Other	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Payments for services or authorship <input type="checkbox"/> Salary <input type="checkbox"/> Stocks <input type="checkbox"/> Stock options <input type="checkbox"/> Non-monetary <input type="checkbox"/> Other
Value received in the past 12 months by you, your spouse and dependent children				
Value of equity interest held by you, your spouse and dependent children				
Professional services provided (whether or not for remuneration)				
Do you, your spouse or your dependent children serve on the board of directors or hold a leadership position in the entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you participate in making decisions for the entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the PTE do business with the university? [required]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are students and/or additional university personnel affiliated with PTE? [required]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Please list names of all CU personnel affiliated with PTE				
Days per semester working for PTE on campus				
Days per semester working for PTE off campus				

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NOTE: If not applicable, skip this section.

Relative to the below questions: Close family members include, but are not limited to: spouse, parents (discloser’s or spouse’s), children, siblings, son/daughter-in-law, step relatives, domestic partner, and/or relatives of domestic partner.

Non-Publicly Traded Entity (NPTE)

*In the past twelve (12) months, have you or a close family member (including your spouse and dependent children) received anything of value that when aggregated is greater than \$5,000 from a **Domestic Non-Publicly Traded Entity (NPTE)**—or **of any amount** from a **Foreign Non-Publicly Traded Entity (NPTE)** that reasonably appears to be related to your responsibilities at CU Boulder? Examples include salary, consulting fees, honoraria, other payments for services or authorship as well as non-monetary resources such as free or subsidized space, laboratories, equipment, materials, or support services.

Yes No

*Do you or a close family member (including your spouse and dependent children) hold **any equity interest** (e.g., stocks, stock options, or other ownership interests) or position of influence (e.g., officer role, board member, or other position in which you make decisions that affect the entity) in a NPTE that reasonably appears to be related to your responsibilities at CU Boulder?

Yes No

If you answered “Yes” to either question above, please complete the following section:

Your answer "Yes" to the preceding questions indicates that you have a [Significant Financial Interest \(SFI\)](#). Please complete each field in the table below for **every NPTE** in which:

1. You or a close family member (including your spouse and dependent children) received anything of value that when aggregated is greater than **\$5,000** from a **Domestic NPTE** or **of any amount** from a **Foreign NPTE** in the past twelve (12) months; or
2. You or a close family member (including your spouse and dependent children) hold **any equity interest** (e.g., stocks, stock options, or other ownership interests) or a position of influence (e.g., officer role, board member, or other position in which you make decisions that affect the entity) and
3. Either of the interests described in (1) or (2) above reasonably appears to be related to your responsibilities at CU Boulder.

*Non-Publicly Traded Entity Information:

	NPTE 1 Name	NPTE 2 Name	NPTE 3 Name	NPTE 4 Name
Country of NPTE	Country Name	Country Name	Country Name	Country Name
Type of value received	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Payments for services or authorship <input type="checkbox"/> Salary	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Payments for services or authorship <input type="checkbox"/> Salary	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Payments for services or authorship <input type="checkbox"/> Salary	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Payments for services or authorship <input type="checkbox"/> Salary

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	<input type="checkbox"/> Stocks <input type="checkbox"/> Stock options <input type="checkbox"/> Non-monetary <input type="checkbox"/> Other	<input type="checkbox"/> Stocks <input type="checkbox"/> Stock options <input type="checkbox"/> Non-monetary <input type="checkbox"/> Other	<input type="checkbox"/> Stocks <input type="checkbox"/> Stock options <input type="checkbox"/> Non-monetary <input type="checkbox"/> Other	<input type="checkbox"/> Stocks <input type="checkbox"/> Stock options <input type="checkbox"/> Non-monetary <input type="checkbox"/> Other
Value received in the past 12 months by you, your spouse and dependent children				
Value of equity interest held by you, your spouse and dependent children				
% ownership interest in the entity				
Professional services provided (whether or not for remuneration)				
Do you, your spouse or your dependent children serve on the board of directors or hold a leadership position in the entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you participate in making decisions for the entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the NPTE do business with the university? [required]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are students and/or additional university personnel affiliated with NPTE? [required]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Please list names of all CU personnel affiliated with NPTE				
Days per semester working for NPTE on campus				
Days per semester working for NPTE off campus				

NSF Significant Financial Interests

NOTE: If not applicable, skip this section.

Relative to the below questions: Close family members include, but are not limited to: spouse, parents (discloser’s or spouse’s), children, siblings, son/daughter-in-law, step relatives, domestic partner, and/or relatives of domestic partner.

*In the past twelve (12) months, have you or a close family member (including your spouse and dependent children) received anything of **value** that when aggregated is **greater than \$5,000** from a **Domestic Entity** or of **any amount** from a **Foreign Entity** that reasonably appears to be related to your responsibilities at CU Boulder? Examples include salary, consulting fees, honoraria, other payments for services or authorship as well as non-monetary resources such as free or subsidized space, laboratories, equipment, materials, or support services.

Yes No

*Do you or a close family member (including your spouse and dependent children) hold an **equity interest** (e.g., stocks, stock options, or other ownership interests) that reasonably appears to be related to

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your responsibilities at CU Boulder valued at **more than \$5,000** for a **Domestic Entity** or at **any value** for a **Foreign Entity**?

Yes No

If you answered “Yes” to either question above, please complete the following section:

Your answer “Yes” to the preceding questions indicates that you may have a [Significant Financial Interest](#) (“SFI”). Please complete each field in the table below for **every entity/interest** in which:

1. You or a close family member (including your spouse and dependent children) received anything of value that when aggregated is **greater than \$5,000** from a **Domestic Entity** or of **any amount** from a **Foreign Entity** in the past twelve (12) months; and/or
2. You or a close family member (including your spouse and dependent children) hold an **equity interest** that is valued at **more than \$5,000** for a **Domestic Entity** or at **any value** for a **Foreign Entity**; and
3. Either of the interests described in (1) or (2) above reasonably appears to be related to your responsibilities at CU Boulder.

***Monetary Value Information:**

NOTE TO DISCLOSER: Please only enter entity information that has not been previously disclosed in other sections of this form. You do not need to re-enter information for any entity if you have already done so elsewhere.

	Monetary value entity and/or equity interest #1	Monetary value entity and/or equity interest #2	Monetary value entity and/or equity interest #3	Monetary value entity and/or equity interest #4
Country of entity	Country Name	Country Name	Country Name	Country Name
Type of value received	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Payments for services or authorship <input type="checkbox"/> Salary <input type="checkbox"/> Stocks <input type="checkbox"/> Stock options <input type="checkbox"/> Non-monetary <input type="checkbox"/> Other	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Payments for services or authorship <input type="checkbox"/> Salary <input type="checkbox"/> Stocks <input type="checkbox"/> Stock options <input type="checkbox"/> Non-monetary <input type="checkbox"/> Other	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Payments for services or authorship <input type="checkbox"/> Salary <input type="checkbox"/> Stocks <input type="checkbox"/> Stock options <input type="checkbox"/> Non-monetary <input type="checkbox"/> Other	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Honoraria <input type="checkbox"/> Payments for services or authorship <input type="checkbox"/> Salary <input type="checkbox"/> Stocks <input type="checkbox"/> Stock options <input type="checkbox"/> Non-monetary <input type="checkbox"/> Other
Value received in the past 12 months by you, your spouse and dependent children				
Value of equity interest held by you, your spouse and dependent children				

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% ownership interest in the entity				
Professional services provided (whether or not for remuneration)				
Do you, your spouse or your dependent children serve on the board of directors or hold a leadership position in the entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you participate in making decisions for the entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does entity do business with the university? [required]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are students and/or additional university personnel affiliated with entity? [required]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Please list names of all CU personnel affiliated with entity				
Days per semester working for entity on campus				
Days per semester working for entity off campus				

Other Financial and Personal Interests

*Do you or a close family member have any external financial interests valued at **more than \$5,000** for a **Domestic** entity, organization, or institution OR at **any value** for a **Foreign** entity, organization, or institution that reasonably appear to be related to your responsibilities at CU Boulder? Examples of financial interests include ownership interests, salary, consulting fees, honoraria, or other payments as well as non-monetary services such as free or subsidized use of space, equipment, or support services.

Yes No

*Do you have a professional association or affiliation with or obligation to an outside entity (e.g. an appointment or position), whether compensated or not?

Yes No

If you answered "Yes" to either question above, please complete the following section:

Your answer "Yes" to either of the preceding questions indicates that you may have a Significant Interest ("SI"). Please complete each field in the table below for **every entity, organization and/or institution** that meets the criteria above.

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***Entity, Organization and/or Institution Information:**

NOTE TO DISCLOSER: For any entity, organization or institution applicable to this table that has been previously disclosed in the PHS/NIH PTE, PHS/NIH NPTE and/or NSF tables, *if applicable*, you do NOT need to reenter the information. Please only enter entity information that has not been previously disclosed in other sections of this form.

	Name of entity, organization and/or institution #1	Name of entity, organization and/or institution #2	Name of entity, organization and/or institution #3	Name of entity, organization and/or institution #4
Country of entity	Country Name	Country Name	Country Name	Country Name
Is this entity a public or non-profit entity?	<input type="checkbox"/> Public (for profit) <input type="checkbox"/> Private (for profit) <input type="checkbox"/> Non-profit <input type="checkbox"/> Other	<input type="checkbox"/> Public (for profit) <input type="checkbox"/> Private (for profit) <input type="checkbox"/> Non-profit <input type="checkbox"/> Other	<input type="checkbox"/> Public (for profit) <input type="checkbox"/> Private (for profit) <input type="checkbox"/> Non-profit <input type="checkbox"/> Other	<input type="checkbox"/> Public (for profit) <input type="checkbox"/> Private (for profit) <input type="checkbox"/> Non-profit <input type="checkbox"/> Other
% ownership interest in entity				
Describe your ownership interest in this entity, organization or institution (if applicable)				
Describe your obligation to this entity, organization or institution (if applicable)				
Value received in the past 12 months by you, your spouse and dependent children				
Value of equity interest held by you, your spouse and dependent children				
Professional services provided to the entity (whether or not for remuneration)				
Do you, your spouse or your dependent children serve on the board of directors or hold a leadership position in the entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you participate in making decisions for the entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Intellectual Property

*Have you received income in the past twelve (12) months, or do you expect to receive income during this reporting year, from intellectual property rights or interests (e.g., patents, copyrights) that reasonably appears to be related to your responsibilities at CU Boulder, excluding any income from Intellectual Property that is paid to you by the University of Colorado? The income can come from any entity, domestic or foreign, publicly traded or non-publicly traded.

Yes No

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If you answered “Yes” to the question above, please complete the following section:

Your answer "Yes" to the preceding question indicates that you have a [Significant Financial Interest](#) (SFI). Please complete each field in the table below for **every IP** in which:

1. You have received or expect to receive income from IP rights not paid to you by the University of Colorado; and
2. Your interest is related to, or reasonably appears to be related to, your responsibilities at CU Boulder.

***IP Information:**

	IP 1 Name	IP 2 Name	IP 3 Name	IP 4 Name
Description of IP for which you have received or expect to receive income				
Country of IP organization	Country Name	Country Name	Country Name	Country Name
License agreement with payer				
Value of income received in the last 12 months by you, your spouse and dependent children				
Value of income expected to be received during this disclosure period by you, your spouse and dependent children				
Is the value of income received in the form of royalties?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Reimbursed or Sponsored Travel

*Have you received reimbursed or sponsored travel (i.) to a U.S. destination valued at more than \$2,500 when aggregated per entity over the prior 12-months, OR (ii) to any foreign destination regardless of value that reasonably appears to be related to your responsibilities at CU Boulder? Do not include travel reimbursed or sponsored by CU Boulder; a U.S. federal, state, or local government agency; a U.S. institution of higher education as defined at 20 U.S.C. 1001(a); or an academic teaching hospital, a medical center, or a research institute that is affiliated with a U.S. institution of higher education.

Yes No

If you answered “Yes” to the question above, please complete the following section:

Your answer "Yes" to the preceding question indicates that you have a [Significant Financial Interest](#) (SFI). Please complete each field in the table below for **every travel instance** in which:

1. The travel was reimbursed or paid for by anyone *other than* CU Boulder; a U.S. federal, state or local government agency; a U.S. institution of higher education as defined at 20 U.S.C. 1001(a); or an academic teaching hospital, a medical center, or a research institute that is affiliated with a U.S. institution of higher education; and

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2. The travel was (i) to a U.S. destination and valued at more than \$2,500, OR (ii) to a foreign destination regardless of value; and
3. Your travel is related to, or reasonably appears to be related to, your institutional responsibilities at CU Boulder.

***Travel Information:**

	Name of entity, organization or institution #1	Name of entity, organization or institution #2	Name of entity, organization or institution #3	Name of entity, organization or institution #4
Sponsor's country:	Country Name	Country Name	Country Name	Country Name
Point of departure (city, state, country)				
Point of arrival (city, state, country)				
Purpose of the trip				
Is the purpose of your trip related to PHS/NIH funded research?				
Market value or cost of trip, including airfare and any other value received (e.g., per diem)				
Duration (days of travel)				

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Foreign Research Collaborations

CU Boulder encourages foreign research collaborations as part of its research mission. We review foreign collaborations using a risk-based assessment and guidance from the federal government. A research collaboration may include, but is not limited to, one or more of the following:

- Participating in the research design
- Collecting, sharing, or analyzing data
- Outlining, writing, or editing a manuscript intended for publication
- Sharing research results prior to pre-publication editorial review
- Designing, fabricating, improving, or testing equipment together
- Traveling in support of the above actions

*Have you engaged in a research collaboration of any kind or any engagement with the intent to collaborate with any individual(s), including former post-doctoral associates, located in Cuba, Iran, Sudan, North Korea, Burma, or affiliated with one of the entities listed below?

- Beijing University
- Harbin Engineering University
- Harbin Institute of Technology
- Nanjing University of Aeronautics and Astronautics
- Nanjing University of Science and Technology
- Northwestern Polytechnical University

Yes No

If you answered “Yes” to the question above, please complete each field in the table below for every collaboration that meets the criteria above:

	Collaboration	Collaboration	Collaboration	Collaboration
Name of entity				
Name of collaborator				

*Have you engaged in a research collaboration with individuals at any foreign entity, organization, and/or institution from which you received monetary or non-monetary value (including free or subsidized space, laboratories, equipment, or materials; access to otherwise restricted data; support services; visiting researchers or personnel)?

If your effort on the collaboration consists ONLY of contributions to writing or revising a manuscript or other written work, it does not need to be disclosed (unless it involves the entity of concern described in the prior question). For multi-author review, meta-analysis, or special topic overview manuscripts, disclosure is only required when you are working directly with all co-authors.

Yes No

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*Your answer “Yes” to the preceding question indicates that you may have a Significant Interest (“SI”). Please complete each field in the table below for **every collaboration** that meets the criteria above. Do not add a collaboration you already reported in the previous question.

	Collaboration	Collaboration	Collaboration	Collaboration
Country of entity	Country Name	Country Name	Country Name	Country Name
Value received				
Describe the activity				

Self-Authored Materials

*Do you assign or expect to assign during this reporting year books or materials for any classes that you teach that bring you royalties or income?

Yes No

***If yes, have you received department approval via the Use of Self-Authored Instructional Materials Approval Form?**

Yes No N/A

*Please complete the following information for every course for which such books/materials will be assigned:

	Course name and number	Course name and number	Course name and number	Course name and number
Approved by department?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of students				
Materials description				

Foreign Talent Recruitment Programs

*Are you involved in a Foreign Talent Recruitment Program (FTRP)? A FTRP is an effort organized, managed, or funded by a foreign government, or foreign government instrumentality or entity (including universities), to recruit primarily science and technology professionals or students. This includes any program, position, or

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activity that includes compensation in the form of cash, in-kind compensation, including research funding, promised future compensation, complementary foreign travel, things of non *de minimis* value, honorific titles, career advancement opportunities, or other types of remuneration or consideration.

Yes: No:

If you answered yes, please provide the Foreign Talent Recruitment Program (FTRP) Entity Name(s) and associated Country information below:

	FTRP entity 1 name	FTRP entity 2 name	FTRP entity 3 name	FTRP entity 4 name
Country of FTRP entity	Country name	Country name	Country name	Country name
Commitment associated with FTRP				
Value received				
Dates of involvement				

Conflicts of Commitment Acknowledgement

I understand that, for any activities and/or interests disclosed in the preceding sections (if applicable) on which I spend time or effort outside of my university employment obligations, I—depending on my employment requirements—have or will receive approval from my academic department and/or Supervising Authority for the external activities and/or interests that I am involved in and the corresponding time commitment.

*Approval Received: Yes: No: N/A:

CERTIFY AND SUBMIT DEPA

I certify that I have completed this form to the best of my ability and that my answers are true, complete, and accurate. I recognize that I am obligated to submit an updated DEPA Form within 30 days of a change in the status of my disclosure.

Name:

Date:

To submit, please email this completed and certified form to coi@colorado.edu.