

Texas OneGulf Center of Excellence

Conflict of Interest Policy and Annual Statement

TOCOE Annual Conflict of Interest Statement - FY25

1. Name: _____ Date: _____

2. Position (place your initials beside the group with which you are a member):

_____ Texas OneGulf Consortium Leadership

_____ Texas OneGulf Management Team

_____ Texas OneGulf Agency Council

_____ External Grant Review

_____ Grant Management Team

_____ Award Recipient

3. I affirm the following:

I have received a copy of the TOCOE Conflict of Interest Policy. _____ (initial)

I have read and understand the policy. _____ (initial)

I agree to comply with the policy. _____ (initial)

4. Disclosures:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with TOCOE?

(Check One): Yes No

i. If yes, please describe it: _____

ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy?

(Check One): Yes No

I, _____, as a member of, _____, shall not derive any personal profit or gain, directly or indirectly, by reason of my participation with the Texas OneGulf Center of Excellence. I shall disclose to the Texas OneGulf Center of Excellence any personal interest which I may have in any matter pending before the TOCOE and shall refrain from participation in any decision on such matter.

Signature: _____

Printed name: _____

Date: _____