

**Attachment C- Conflict of Interest**

**Conflict of Interest Form**

A conflict of interest exists when there is evidence of or the appearance that an individual's personal/professional interests or experiences have or may influenced situations or operations. And, that these interests take precedence over the interests, goals, and/or mission of the grant.

The Team Nutrition Training Grant: E-STAR Program Project Director is responsible for knowing what conflicts might exist and to manage, reduce, or eliminate those conflicts. The key to handling these potential conflicts is *full disclosure* of any potential conflict or the appearance of a conflict. Each Mentor/Social Scientist involved with the E-STAR grant will complete a conflict of interest disclosure form to inform Project Director of situations that pose or may give the appearance of conflict of interest.

If you have questions as to whether a conflict of interest exists, please discuss the situation with the Team Nutrition Training Grant: E-STAR Program Project Director and/or disclose this information on the form.

I certify by signing below I acknowledge receipt of the Conflict of Interest Policy and that I have accurately completed this disclosure form to the best of my knowledge.

Please check the statement that pertain to your disclosure:

- I hereby report that to the best of my knowledge, information and belief, no situation in which I am involved personally or professionally could be construed as a Conflict of Interest, or as placing me in a position of having a conflict of interest.
- I hereby disclose the following circumstances that may constitute a conflict of interest, as described Conflict of Interest Policy above (please document all situations below that are or may be considered a conflict of interest)\*:

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\* I understand that it is my responsibility to contact the Project Director with any changes that may occur throughout the period of performance of the E-STAR grant.

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Mentor/Social Scientist Name (*please print*)

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Mentor/Social Scientist Signature

\_\_\_\_\_  
Role

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date