**CONFLICT OF INTEREST DECLARATION**

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| --- | --- | --- | --- |
| **Project Number** | | | (IC-IMPACTS Use Only) |
| **Title** |  | | |
| **University** | |  | |

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| **EITHER** | | | |
| I have read the IC-IMPACTS Network Agreement and agree to be bound by the provisions covering conflict of interest. I declare that I have no conflict of interest with respect to any matters of which I am aware pertaining to the operation of the IC-IMPACTS Centres of Excellence and my role as an IC-IMPACTS researcher. | | | |
|  | | | |
| **Investigator Name** |  | | |
| **Signature** |  | **Date** |  |
| **OR** | | | |
| I have read the NCE Program Guide – Appendix A: Conflict of Interest Policy Framework. I declare that I have a conflict of interest with respect to the following described matters pertaining to the operation of the IC-IMPACTS Centres of Excellence and my role as an IC-IMPACTS researcher. | | | |
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| **Description of Conflict of Interest** | | | |
|  | | | |
| **Proposed Remedy** | | | |
|  | | | |
| **Investigator Name** |  | | |
| **Signature** |  | **Date** |  |

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| **IC-IMPACTS Approval Signatures** | | | |
| **SD or ASD** |  | **Date** |  |
| **RMC Chair** |  | **Date** |  |
| **Board Chair** |  | **Date** |  |

One copy of this form should be signed by each funded investigator.