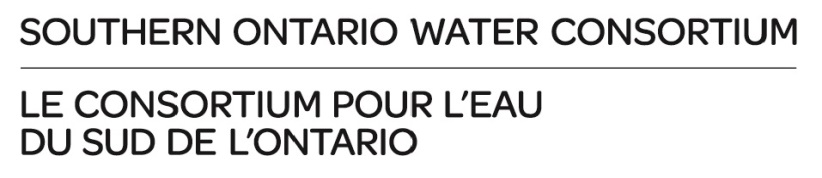
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| **Advancing Water Technologies (AWT) Program**  *Conflict of Interest Disclosure Form* |

The AWT Program’s Conflict of Interest Policy states:

*“Employees, faculty, or anyone associated with employees or faculty (e.g. family members) of an academic partner institution who is involved in a project on behalf of the academic partner institution may not receive project support through the AWT Program if they own any share of the product being developed or of the company involved. Academic researchers on a project (faculty of the academic institution) cannot own any of the foreground intellectual property (FIP) that is generated during a project, nor personally benefit as a result of that FIP. Any potential royalty, revenues, or other financial benefit deriving from the FIP owned by the academic institution may be held in an account by that faculty member’s institution to be directed towards other research.”*

Applicants and potential applicants applying to receive funds from the AWT Program for a proposed project are required to disclose any real or potential conflict of interest as defined in the paragraph above. Applicants are encouraged to also refer to the AWT Program’s Intellectual Property Policy (see: <https://sowc.ca/funding/>).

*Note: The existence of any real or apparent conflict of interest does not imply wrongdoing on anyone’s part nor does it disqualify the project proposal from being approved under the AWT Program.*

Please complete the following information, sign and date this form, and send it to the AWT Program Contact: Harriet Bigas, Manager for Research Partnerships at [harriet@sowc.ca](mailto:harriet@sowc.ca).

1. **Identification of Applicants and Conflict of Interest Disclosure on Nature of Relationships**

***To be completed by the Company Partner:***

|  |  |
| --- | --- |
| Name of Company Partner contact: |  |
| Company: |  |
| Position: |  |
| Please describe any current affiliation/relationship you, your company or any employee of your company may have with the academic partner institution or with the identified academic researcher: |  |

***To be completed by the Academic Researcher:***

|  |  |
| --- | --- |
| Name of Academic Researcher: |  |
| Academic Institution: |  |
| Position, Department: |  |
| Please describe your relationship to the company partner, including any affiliation, stake, or interest in the company, its shares, or any of its products or services: |  |

1. **Conflict of Interest Disclosure on Intellectual Property and Financial Benefits:**

***To be completed by each individual that has identified a conflict in Section 1 above:***

For each specific conflict of interest below, please provide a **yes** or **no** answer. Where the answer is **yes**, please provide a brief description of the nature of the conflict along with proposed mitigation measures.

Does the academic researcher, or any employee, faculty or anyone associated with employees or faculty of the academic partner institution involved in the project:

|  |  |
| --- | --- |
| Have an existing or potential proprietary interest(s) in the product or service being developed in the project, including but not limited to patents, trademarks, copyrights and licensing agreements? | |
| Please answer **Yes** or **No** to this question: |  |
| If **yes**, please describe the nature of the conflict: |  |
| If **yes**, please also describe any mitigation measures: |  |

|  |  |
| --- | --- |
| Have a financial, equity or other interest in the company partner or any of its existing products or services including, but not limited to ownership interest, stock options or other financial interest? | |
| Please answer **Yes** or **No** to this question: |  |
| If **yes**, please describe the nature of the conflict: |  |
| If **yes**, please also describe any mitigation measures: |  |

|  |  |
| --- | --- |
| Have financial or other arrangements with the company partner whereby the product or service being developed under the AWT project would result in personal benefit including but not limited to financial compensation? | |
| Please answer **Yes** or **No** to this question: |  |
| If **yes**, please describe the nature of the conflict: |  |
| If **yes**, please also describe any mitigation measures: |  |

1. **Rationale for Selection of Academic Researcher (if applicable):**

***To be completed by the Company Partner in the event where a company employee holds a faculty position at the same academic institution where the academic researcher is a faculty member, as identified in Section 1.***

|  |  |
| --- | --- |
| Name of company employee with an identified conflict in Section 1: |  |
| Does the company employee hold a faculty position at the same academic institution where the academic researcher is a faculty member? | |
| Please answer **Yes** or **No** to this question: |  |
| If **yes**, please provide a justification for the selection of the academic researcher for the proposed project. |  |

1. **Declarations:**

I have read the declarations contained in this form and I am satisfied that they fully describe all real, potential or perceived conflicts of interest associated with the proposed AWT project. I am also satisfied that the proposed mitigation mechanisms adequately address the conflict of interest issues described.

I confirm that the project for which I am applying to the AWT Program is seeking project funds of *(check the box that applies)*:

$100,000 or less

Over $100,000

* 1. Company Partner:

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* 1. Academic Researcher:

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* 1. Academic Institution – Office of Research:

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

