

Conflict of Interest Questionnaire

Name

Position you hold, are applying to or will assume or the volunteer group in which you will participate

A conflict of interest is a situation that arises when a project management practitioner, volunteer or employee is faced with making a decision of doing some act that will benefit the practitioner or another person or organization to which the practitioner, volunteer or employee owes a duty of loyalty and at the same time will harm another person or organization to which the practitioner owes a similar duty of loyalty. The only way practitioners, volunteers and employees can resolve conflicting duties is to disclose the conflict to those affected and allow them to make the decision about how the practitioner, volunteer or employee should proceed.

The Chapter's Conflict of Interest Policy requires that this questionnaire be completed accurately on an annual basis. Volunteers should return completed questionnaires to the attention of _____.

The questionnaire should be updated during the year if circumstances change substantially. Chapter member and non-member volunteers and employees are expected to be aware of all corporate, personal, and family business interests and relationships that may involve or relate to the Chapter in any way. Chapter member and non-member volunteers and employees must openly and accurately reveal these interests and relationships to the Chapter in this questionnaire; and must comply with all Chapter policies and requirements concerning ethics, conflicts of interest, and related matters.

Thank you for your cooperation in providing accurate responses to the following questions. ALL INFORMATION PROVIDED BY YOU ON THIS FORM WILL BE TREATED AS CONFIDENTIAL BY THE CHAPTER AND WILL NOT BE DISCLOSED OR USED IN ANY MANNER OTHER THAN THE CONFLICT OF INTEREST PROCESS, if one should arise.

If you have already completed a COI questionnaire during the current calendar year, you need not submit another form, unless your answers to the questions have changed. If you have already completed a COI questionnaire and your answers have not changed, then please complete the Information Release located below.

In responding to these questions, please note that a “yes” answer does not necessarily imply that the relationship or transaction was or would be inappropriate.

1. Please list your employer(s) or others for whom you have provided goods or services within the past two (2) months. (List only those who contribute more than 25% or more of your total yearly income.)

2. Are you or have you been, within the past twelve (12) months, a member of the Board of Directors, an officer, or principal of any corporation, company, association, institution, or other business, including any PMI Chapter or Community?

Yes No

If the answer to this question is “yes,” please specifically identify: the names of such corporations, companies, associations, institutions, and/or businesses; the office or other position you held or hold.

Name of Entity: _____
Your Position: _____

3. Other than incidental ownership, do you, or does any member of your immediate family, have a direct or indirect ownership or other financial interest (e.g., beneficiary of a trust) in any corporation, company, institution, or other business? (“Incidental ownership” means less than 10% ownership of the voting stock or other voting rights.)

Yes No

If the answer to this question is “yes,” please supply the following information: (a) the names of all corporations, companies, associations, institutions, and/or businesses in which you or a family member hold an ownership, financial, or other interest as defined above; (b) the nature of the respective interest held; (c) the name and relationship to you of each person holding such an interest:

4. Within the past twelve (12) months, did you or any member of your immediate family (above the age of 21) receive any gifts, in-kind support or services, reimbursement (other than for normal business travel), loans (other than those obtained with typical commercial or consumer rates, terms and conditions), or other benefits from any corporation, company, association, institution, or other business in excess of US\$1,000, excluding honorariums from PMI or any PMI Chapter or Community?

Yes No

If the answer to this question is “yes,” please identify all such gifts, in-kind support or services, reimbursement, loans, or other benefits, and specifically identify: the person(s) receiving, and the source of, the gift, in-kind support or service, reimbursement, loan, or other benefit, including approximate fair value. (Do not include prizes won from raffles or sporting events such as golf tournaments if everyone participating had an equal chance to win.)

5. Are you aware of any past or prospective involvement by you in an activity within the previous twelve (12) months or the next twelve (12) months (including any activities with another project management association) that reasonably could be interpreted as a possible conflict of interest, or reasonably could be viewed as having an appearance of a divided interest or loyalty on your part?

Yes No

If the answer to this question is “yes,” please describe the activity:

6. Do you have a currently effective agreement with an employer or other organization that assigns to them any or all copyright or intellectual property rights regarding papers or other writing you may create during the course of the current year?

Yes No

If the answer to this question is “yes,” attach a copy of the agreement.

7.

- (a) Do you currently have any private business activity or personal services with the Chapter (whether or not the services or products comprising the business activity are rendered for free or for compensation, including expenses)? (If so, please provide details)

- (b) Apart from the member's Board or Volunteer assignment, are you engaged in any volunteer activity in PMI or any PMI Chapter or Community organization, including but not limited to holding office and/or actively participating in an organization's training or other professional programs? (If so, please provide details)

I certify that: (1) I have reviewed and understand all Chapter requirements, policies, rules, and procedures related to member ethics and conflicts of interest; (2) I am in compliance with those Chapter requirements, policies, rules, and procedures; and, (3) the information I have provided in this questionnaire is true, accurate, and complete to the best of my knowledge. Should any information provided in my responses become incomplete or inaccurate, I understand that I am required and obligated to revise or supplement the information in a timely manner.

Signature

Date

Name (please print)