

Pursuant to the University of Manitoba's Conflict of Interest Policy and Procedure, an actual or a potential Conflict of Interest has been identified and it has been determined that a Conflict of Interest Management Plan can appropriately address the Conflict of Interest. This Plan has been developed according to the applicable Procedure(s) in accordance with the University of Manitoba's Conflict of Interest Policy and sets forth the approved steps developed to manage the Conflict of Interest.

Secondary Reviewer: _____ Position/Title: _____

This Conflict of Interest Management Plan demonstrates that the Person and the University have considered the situation carefully, recognized the issues involved, and have taken steps to address the conflict.

1. What is the type of activity/interest/relationship that creates an actual/perceived/potential conflict?

2. Describe the nature of the Conflict of Interest and the Person's level of involvement.

Management Plan Actions

Describe the measures and strategies that will be put in place to mitigate and protect against the Conflict of Interest.

Acknowledgment

This Conflict Management Plan was developed by the Initial Reviewer in consultation with you.

By signing this Conflict of Interest Management Plan, you acknowledge and understand that the University of Manitoba will monitor and evaluate the implementation of the Conflict of Interest Management Plan and your compliance.

You acknowledge that it is your responsibility to adhere to the Conflict of Interest Management Plan and provide updates should there be any changes in circumstances.

If at anytime the University decides this Conflict of Interest Management Plan is not sufficient to manage the Conflict of Interest or is not in the best interest of the University or you, the University may alter the terms of the Conflict Management Plan or may determine the Conflict of Interest is no longer manageable and that the University activity/relationship or External Activity can no longer continue.

The Conflict Management Plan will be in effect until the University activity/interest/relationship changes.

Conflict of Interest Management Plan was
developed on:

Date

Conflict of Interest Management Plan will be
reviewed on (or earlier if the situation changes):
(at minimum annually)

Date

Disclosing Person:

Signature

Date

Initial Reviewer:

Signature

Date

Secondary Reviewer:

Signature

Date