This form is to ensure that the academic institution is aware of a potential conflict of interest related to a Mitacs application. **The form is to be completed and signed by the Chair of the Department or Dean of the Faculty to which the Faculty member belongs, or the Office of Research Services, as appropriate.** Please refer to the Mitacs Conflict of Interest Policy [here](https://www.mitacs.ca/en/conflict-interest-policy).

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| --- | --- |
| **Name of Declarant:** | Click or tap here to enter text |
| **Academic Institution:** | Click or tap here to enter text |
| **Department:** | Click or tap here to enter text |
| **Title of Project:** | Click or tap here to enter text |
| **Partner Organization:** | Click or tap here to enter text |

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| **Please describe below any relationships, ownership, influence, positions (whether salaried or not) or circumstances with the partner organization or other project participants that could contribute to a conflict of interest, or to the appearance of a conflict of interest. Include details such as the percentage (%) of ownership, description of the relationship (eg. spouse, child, parent, partner, or other), and details on your responsibilities at the partner organization (attach any documents, if necessary):** |
| Click or tap here to enter text |
| **Please describe mitigation measures of the above conflict, if applicable (attach any documents, if necessary):** |
| Click or tap here to enter text |

I have reviewed and acknowledge the above Conflict of Interest and will work with the applicants to manage any conflict in accordance with the academic institution and Mitacs’s policies.

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| --- | --- |
| Click or tap here to enter text  **Name** (Please Print) | Click or tap to enter a date  **Date** |
| Click or tap here to enter text  **Title** (Department Chair, Dean, ORS Representative, or alternative) | **Signature** |