



Conflict of Interest Questionnaire

<p>Name</p> <p>PMI ID</p> <p>Email</p> <p>Note: All information provided on this questionnaire is treated as confidential by PMI and PMI SWMO. It will not be disclosed or used in any manner other than identifying conflicts of interest.</p>	<p>Board position(s) held or self-nominating:</p> <p>President</p> <p>Executive Vice President</p> <p>VP Administration</p> <p>VP Finance</p> <p>VP Membership</p> <p>VP Marketing</p> <p>VP Communication</p> <p>VP Education</p>
---	--

PMI SWMO's Conflict of Interest (COI) Policy requires this questionnaire be completed accurately on an annual basis. A revised questionnaire should be provided anytime there are substantial changes. Volunteers running for office should submit this completed questionnaire to the PMI SWMO Nominating Committee. Elected and appointed officers should submit this questionnaire to the PMI SWMO Board of Directors.

PMI SWMO volunteers are expected to be aware of all corporate, personal, and family business interests and relationships that may involve or relate to PMI in any way. PMI SWMO volunteers must openly and accurately reveal these interests and relationships to PMI in this questionnaire. PMI volunteers must comply with all PMI policies and requirements concerning ethics, conflicts of interest, and related matters.

If you are uncertain whether a particular business interest or relationship involves PMI, contact the PMI SWMO Board of Directors or Nominating Committee, as appropriate, to review the matter.

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 that contribute 25% or more of your total annual 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 component?

Yes

No

If "yes" identify the organization name and the position you held or hold.

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 "yes" please provide the organization name, name of individual holding interest, and the nature of your/their 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 \$1,000.00 US, excluding honorariums from PMI or PMI components?

Yes

No

If "yes" please identify each with the name of the contributor, name of the recipient, approximate value. Do not include prizes from charitable events, raffles, or other games of chance.

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 other non-profit or professional 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 "yes" please describe the activity:

6. Do you have a currently effective agreement with an employer or other organization which 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 "yes" please describe the activity:

7. Do you or your employer have any interest in a patent or patent application for an invention or process that relates to the subject matter of the PMI Volunteer Group in which you are, or will be, participating?

Yes

No

If "yes" please describe the invention or process:

8. Do you currently have any private business activity or personal services with PMI, whether or not the services or products are rendered for free or for compensation?

Yes

No

If "yes" please describe the activity or service:

9. Apart from PMI Board or Committee assignment, are you engaged in any volunteer activity with PMI or a PMI component?

Yes

No

If "yes" please describe the activity:

I certify that: 1) I have reviewed and understand all PMI SWMO requirements, policies, rules, and procedures related to ethics and conflicts of interest; 2) I am in compliance with those PMI 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

Name

Date