



Procedure: Athletically Related Income Agreement

1. Once a year, the Compliance Office will distribute the Athletically Related Income Agreement.
2. It is to be completed fully and signed, affirming that the information is correct and complete by each athletic department employee.
3. Once complete, the Compliance Office will deliver the form to the University's President and/or General Counsel Office.
4. The Compliance Office should be notified of any changes to the information as completed on the agreement over the course of the academic year.



Athletically Related Income Agreement

Contractual agreements, including letters of appointment, between a full-time or part-time athletics department staff member (excluding secretarial or clerical personnel) and an institution shall include the stipulation that the staff member is required to provide a written detailed account annually to the chief executive officer for all athletically related income and benefits from sources outside the institution. In addition, the approval of all athletically related income and benefits shall be consistent with the institution’s policy related to outside income and benefits applicable to all full-time and part-time employees.

- 1. Speaking engagements \$ _____
- 2. Salary supplement (from outside the Athletic Department) \$ _____
- 3. Endorsement or consultation contracts:
 - a. Athletic shoes \$ _____
 - b. Apparel \$ _____
 - c. Equipment \$ _____
- 4. Television appearances or commercials \$ _____
- 5. Radio appearances or commercials..... \$ _____
- 6. Income from corporations in exchange for charitable work \$ _____
- 7. Annuities..... \$ _____
- 8. Sports Camps \$ _____
- 9. Housing benefits \$ _____
- 10. Country-club membership(s) \$ _____
- 11. Complimentary ticket sales..... \$ _____
- 12. State or Federal government..... \$ _____
- 13. Other (please specify)..... \$ _____

I hereby certify that I am in compliance with all NCAA and conference regulations governing outside income. I will notify the University President of any new information or sources of income that may affect this agreement.

Staff Member’s Signature

Date

Annual Financial Disclosure Form

Please answer the following questions. Terms in bold type are defined in the Tulane Conflict of Interest Policy, a copy of which is available on the Research Administration home page on the Web (<http://www.tulane.edu/~ResearchAdmin/coiPolicy.html>) or by calling Research Administration at 865-5272.

1. Do you or any member of your **immediate family** (spouse and dependent children, including step children) have a **consulting** relationship or a **significant financial interest** (a financial interest which exceeds \$10,000 or 5% ownership when aggregated for your immediate family) in:

- | YES | NO | |
|-----------------------------|--------------------------|--|
| a. <input type="checkbox"/> | <input type="checkbox"/> | a business which tests, markets or produces a product which would be evaluated or further developed through your research activities? |
| b. <input type="checkbox"/> | <input type="checkbox"/> | a business that does business with Tulane, which business you are in a position to influence? |
| c. <input type="checkbox"/> | <input type="checkbox"/> | a sponsor of your research? |
| d. <input type="checkbox"/> | <input type="checkbox"/> | any other business in which there could be an appearance of a conflict of interest or which could reasonably appear to be affected by your research interests or educational activities? |

2. Have you performed consulting or engaged in outside employment during the past academic year (July 1 - June 30)? If yes, list the name(s) of the organization(s), the duties performed, and the time devoted to the activity on an attached sheet.

YES NO

3. Do you hold any position or appointment as an officer, director, or provide service in a management capacity in an commercial, industrial, business or financial organization which does business with or has a relationship with the University?

YES NO

4. Do you have outside professional or income producing activities involving University students?

YES NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, please provide details on an separate sheet of paper, attach to this form, and return to the appropriate designated official as stated below.

I hereby acknowledge that I have read and understood the Conflict of Interest Policy and have answered fully and to the best of my ability. I will update this disclosure if my circumstances change.

Signed this _____ day of _____, 2001.

Signature

Printed name

Department/Unit

In the case of faculty and staff, return to the Dean of your school or college. For individuals who report directly to the President, return to the President. In the case of individuals appointed to Admissions, Registrar's Office, Graduate School, Student Affairs, Howard Tilton Library, or Center for Latin American Studies, return to the Provost. For all other staff appointed to non-academic departments, return to the Sr. Vice President for Operations and Chief Financial Officer. For questions or additional information, please call your Dean or Research Administration, 865-5272.