



PMI SWMO CONFLICT OF INTEREST QUESTIONNAIRE
PMI SWMO Member and Non-Member Volunteers

Please read and complete the following requested information.

Name: \_\_\_\_\_

Position: \_\_\_\_\_

(PMI SWMO Position You Hold or You Will Assume or the Volunteer Group in which you will participate)

PLEASE NOTE: The PMI SWMO Conflict of Interest (COI) Policy requires that this questionnaire be completed accurately on an annual basis and returned to PMI SWMO. Volunteers should address their questionnaires to the attention of their Group Leaders; Key Employees should forward their questionnaires to PMI SWMO Board of Directors. (The questionnaire should be updated during the year if circumstances change substantially.) PMI SWMO member and non-member volunteers and staff members 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 member and non-member volunteers must openly and accurately reveal these interests and relationships to PMI in this questionnaire; and must comply with all PMI policies and requirements concerning ethics, conflicts of interest, and related matters.

If you are uncertain whether particular business interests or relationships involve PMI, please contact your Group Leader or the PMI SWMO Board of Directors, as appropriate, to review the matter. Upon request, PMI SWMO can provide a list of companies, organizations, and individuals with whom the Institute has, or is considering, a business relationship.

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 PMI and PMI SMWO 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 certification located below.

\*\* I certify that I have submitted a COI questionnaire earlier this year pursuant to participation in \_\_\_\_\_ (group name) and I hereby authorize \_\_\_\_\_ (new group sponsor's name) to review my previously filed COI questionnaire pursuant to participation in the \_\_\_\_\_ (new group's name). \*\*

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



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**If filling out COI questionnaire for the first time this year – Please continue**

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, which 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 component.

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 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 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 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, attach a copy of the agreement.

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 the answer to this question is "yes," please describe the invention or process:

\_\_\_\_\_

8. **Note:** The following question 8 should be answered only by members of the Board of Directors (or as part of the nominations process by individuals seeking nomination for election to the Board) and individuals appointed to Board appointed committees (including Ethics Review, Ethics Appeal, Certification Governance Council and Nominating Committee):

(a) Do you currently have any private business activity or personal services with the Institute (whether or not the services or products comprising the business activity are rendered for free or for compensation, including expenses)?

YES       NO

(If so, please provide details)



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\_\_\_\_\_

For purposes of this question 8(a) "Board or Committee member" includes any organization in which the Board or Committee member, or any member of his/her immediate family, has a beneficial equity ownership interest of at least ten percent or is an officer or member of the organization's Board of Directors.

(b) Apart from the member's Board or Committee assignment, are you engaged in any volunteer activity in PMI or any PMI component 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)

YES       NO

(If so, please provide details)

\_\_\_\_\_

9. Sponsor will contact the volunteer to assist in developing a mitigation plan, if necessary, after PMI SWMO's receipt and review of this questionnaire.

I certify that: (1) I have reviewed and understand all PMI SWMO requirements, policies, rules, and procedures related to ethics and conflicts of interest;<sup>1</sup> (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.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

<sup>1</sup> These requirements, policies, rules and procedures can be found on PMI's website, [www.pmi.org](http://www.pmi.org).