

**Senior Management Group Outside Professional Activities (OPA)
Detailed Information Form (for Compensated Activities only)**

Please refer to the SMG OPA Request and Approval Form to determine whether you must complete this form for your proposed OPA.

1. SMG Member's Name: _____ For Calendar Year: _____
2. Name of Organization: _____
3. Please indicate the actual value of any payments or gifts that you have received from this entity in the last 12 months and the highest total value of any payments or gifts that you anticipate receiving from this entity in the next 12 months.

Income or payments, including honoraria Last 12 mos: _____ Next 12 mos: _____	Travel reimbursements Last 12 mos: _____ Next 12 mos: _____
Loans Last 12 mos: _____ Next 12 mos: _____	Expense reimbursements Last 12 mos: _____ Next 12 mos: _____
Gifts Last 12 mos: _____ Next 12 mos: _____	Per diem Last 12 mos: _____ Next 12 mos: _____

4. If the organization is a non-profit entity, what type of non-profit is it?
 501(c)(3) 501(c)(6) Governmental Entity Other: _____
5. If the entity is a for-profit entity, please answer the questions below.
 - a. Will you serve the entity as a director, officer, partner, trustee, employee, or in some position of management? Yes No If yes, describe: _____

 - b. Do you have an investment in the entity or do you anticipate acquiring one?
 Yes No If yes, describe the investment including an estimate of the current fair market value:

 - c. Does your investment result in you having a 10% or greater interest in the entity?
 Yes No If yes, please specify: _____
6. Does the entity earn income from the University or does the entity anticipate earning income in the future from the University?
 Yes No If yes, please provide details: _____

7. Do you anticipate making, participating in making, or influencing any University decisions regarding the entity or any University decisions that could have a financial effect on the entity? This includes, but is not limited to areas such as purchasing, contract approval, real estate, and/or investments.
 Yes No If yes:
 - a. Describe these decisions: _____

 - b. Indicate whether you would be able to refrain from involvement in such decisions if necessary:

SMG Member Signature: _____ Date: _____

Printed Name: _____ Campus: _____ Title: _____

We may need to contact you with additional questions, particularly if the entity is for-profit or there is expected international travel. If you have any questions regarding Conflict of Interest prior to submitting your activity request and detailed information, please contact your location's Conflict of Interest Coordinator.