INSTRUCTIONS FOR EPAP REQUESTS

• Purpose of EPAP Requests

EHRA employees who desire to engage in External Professional Activities for Pay must submit a completed "Notice of Intent" to their supervisor for approval prior to beginning these activities. All EHRA employees are required to submit their requests in the AIR system for prior approval before engaging in External Professional Activities for Pay. EPAP requests must be submitted every fiscal year. See the EPAP Policy and Memo for more details.

• Navigate to the AIR homepage using one of the following:

- a. Air System link <u>https://uncga.myresearchonline.org/air/</u>
- b. System Office My Apps page <u>https://myapps.northcarolina.edu</u> (click on the AIR icon)

• Click "Continue to Login".



• You will land on the AIR Authentication page Login with your UNC Chapel Hill onyen and password (same login as TIM and ConnectCarolina)

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| | | | of NORTH CAROLINA at CHAPEL HILL | |
| | | | Single Sign-On | ~ |
| | | | Onyen -or- UNC Guest ID | |
| | | | Password | |
| | | | Sign in | |
| | | | Reset password for <u>Onyen</u> <u>UNC</u> <u>Guest ID</u> or get <u>help</u> . | |
| | | | <u>Important</u> : To protect your personal information, you must close every instance of this browser that is open on your computer when you log out. | |
| | | | © 2018 The University of North Carolina at Chapel Hill. All rights reserved. | |

• After logging in, you will land on the AIR Home page

| AIR Activities Interest HOME MY DASHBOARD D Disclosure Dashboard b 9 My COI Disclosures b 9 Awaiting Submitter Response 9 Submitter Change Needed 9 My EPAP Requests Certification/Approval 9 Certification Inbox University Counsel UNC - System Office 910 Rately Road Chapel Hill, NC 27590-2212 Tai: (919) 962-4555 Fax: (919) 962-4555 Fax: (919) 962-4555 Fax: (919) 962-4555 | And Relationships Management PROPLE HELP LOGOUT a A A A A Clivities Interests and Relationships @ UNC - System Office This system is for use by UNC System Office in identifying circumstances that may give rise to potential conflicts of interest related to research, technology transfer or administrative responsibilities. For each UNC System Office research project (sponsored or unsponsored), the Project-Specific Conflict of Interest Disclosure form must be timely filed for each UNC System Office employee, student or trainee involved in the design, conduct or reporting of the research project for whom one or more of the answers posed in the disclosure form is "yes". The University P1 is obligated to ensure that any potential conflict of interest that exists in relation to the research project is reported as required by the UNC System Office policy. Staff in certain administrative positions responsible for resource allocation, personnel decisions, business contracts, purchasing, technology transfer, and other sensitive activities are required to complete an annual questionnaire regarding external relationships that might create or be perceived to create conflicts of interest may be directed to tras@monthcarolina.edu or (919) 843-5671. For Help Questions on conflict of interest may be directed to tras@monthcarolina.edu Links for Self Initiated Disclosures P Annual or an Uddated Annual COI Disclosure Form Notice of Intent to Engage in External Professional Activities for Pay- EPAP |
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| | ERSITY OF ROLINA SYSTEM |

- b. Use the Disclosure Dashboard links to view your disclosures
- c. Use the Self Disclosure links at the bottom of the page to enter new COIs and EPAPs

• Click the "Notice of Intent to Engage in External Activities for Pay – EPAP" link.

| Links for Self Initiated Disclosures | |
|--|--|
| >> Annual or an Updated Annual COI Disclosure Form | |
| >> Notice of Intent to Engage in External Professional Activities for Pay - EPAP | |
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• The system displays the EPAP form.

| Contact Information Contact information displayed is for reference only and cannot be revised on this screen. For assistance with updating your contact information, please contact the business manager for your department. Last Name Doe First Name John Department Human Resources Title Senior HR Business Analyst Campus Address 010 Rakeigh Road CD Spangler Campus Telephone 0191002-1273 Email jeiniphindec@northcarolina.edu Contracting V Organization: X Address of Contracting Organization: V Which of the following best describes the contracting organization? > Perfort organization > Oner state/focal gorganization > Order state/focal gorganization > Oner state/focal gorganization > Order state/focal gorganization > Other state/focal gorganization > Other state/focal gorganization > Other state/focal gorganization > | | | 🖾 Quick View | V (HTML) PDF | X Delete Disclosure | | |
|--|--|---|--|----------------------|---------------------|--|--|
| Contract information displayed is for reference only and cannot be revised on this screen. For assistance with updating your contact information, please contact the business manager for your department. Last Name Doe First Name John Department Human Resources Title Senior HR Business Analyst Campus Address 910 Raleigh Road CD Spangler Campus Telephone 919/002-1273 Email johngbade@northcarolina.edu General Questions Contracting Organization: Address of Contracting Organization: Mich of the following best describes the contracting organization? Pro-Profit organization Profit organizatio Profit org | Contact Information | | | | а | | |
| Last Name Doe | Contact information di business manager for | splayed is for reference only and cannot be revised o your department. | this screen. For assistance with updating your contact | ct information, plea | se contact the | | |
| First Name John Department Human Resources Title Senior HR Business Analyst Campus Address 010 Raleigh Road CD Spangler Campus Telephone 019/002-1273 Email johnjohndoe@northcarolina.edu Seneral Questions Contracting Contracting V Organization: V Which of the following best describes the contracting organization? Organization Per-Profit organization Perform Organization Perform Other state/focal government agency Utaiwarity | Last Name | Doe | | | | | |
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| Title Senior HR Business Analyst Campus Address 910 Rateigh Road CD Spangler Campus Telephone 010 Rateigh Road CD Spangler Email Johngbhade@northcarolina.edu Contracting Image: Contracting Organization: Contracting Organization: Image: Contracting Organization: Which of the following best describes the contracting organization? Organization Organization School district Organization School district Other state/focal government agency Utbineritie | Department | Human Resources | | | | | |
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| Campus Telephone Email iphipiphidee@northcarolina.edu General Questions Image: Contracting Questions Organization: Image: Contracting Organization: Address of Contracting Organization: Image: Contracting Organization: Which of the following best describes the contracting organization? For-Profit organization On-Profit organization Image: Contracting Organization? Organization Image: Contracting Organization? Organization Image: Contracting Organization? Organization Image: Contracting Organization? Other state/local government agency Image: Contracting Organization | Campus Address | 910 Raleigh Road CD Spangler | | | | | |
| Enail johojohndee@northcarolina.edu General Questions Contracting Organization: Address of Contracting Organization: Mich of the following best describes the contracting organization? For-Profit organization Non-Profit organization Federal School district Other statefocal government agency Ultiments | Campus Telephone | 919/962-1273 |) | | | | |
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| Contracting Organization: Address of Contracting Organization: Which of the following best describes the contracting organization? For-Profit organization Non-Profit organization Federal School district Other state/local government agency Ultimetit | General Questions | | | | | | |
| Organization: Address of Contracting Organization: | Contracting | | | | d | | |
| Address of Contracting Organization: Which of the following best describes the contracting organization? For-Profit organization Non-Profit organization P Federal O School district O Utrimerity | Organization: | | | | _ | | |
| Non-Profit organization Non-Profit organization Federal School district Other state/local government agency | Which of the following | best describes the contracting organization? | | | | | |
| Federal School district Other state/local government agency | O For-Profit organization | | | | | | |
| O School district O Other state/local government agency Uteriseriate | O Federal | | | | | | |
| Other state/local government agency | O School district | | | | | | |
| | Other state/local go | vernment agency | | | | | |
| | | | | | | | |
| Please describe the nature of the proposed activity: | Please describe the na | ature of the proposed activity: | | | | | |
| | | | | | | | |
| | | | | | | | |

- a. The Contact Information section will have your name and department information. You cannot update contact information in AIR. If corrections/updates are needed, contact Robbie Snuggs at <u>rrs@northcarolina.edu</u> or (919)843-5671.
- In the General Questions section:
 - a. Select the Contracting Organization if it is in the list. Otherwise, select "Sponsor Not Listed" and add the organization.
 - b. Enter the Organization address

| General Questions | |
|------------------------------|----------------------------------|
| Contracting Organization: | Sponsor Not Listed |
| Address of Contracting Or | Maconstar Town of Chapel Hill |
| | b |

• In the General Questions section:

| General Questions | |
|------------------------------------|---|
| Contracting | sor Not Listed |
| Organization: | |
| Address of Contracting Or Town | el Hill-Carrboro City Schools nstar |
| | |
| | |
| | |
| Which of the following best descr | ribes the contracting organization? |
| O For-Profit organization | |
| O Non-Profit organization | |
| ○ Federal | |
| O School district | |
| O Other state/local government | agency |
| ○ University | |
| Other | |
| Please describe the nature of the | proposed activity: |
| To the best of your knowledge d | loes the contracting organization above provide funding or equinment which directly supports a research project on which you serve or |
| any of your other University dutie | es activities? |
| OYes ONo | |
| | Save and Continue d |
| SITY OF DLINA SYSTEM | |
| | |

- c. Fill out the rest of the contracting organization information. On the last question, *If you click Yes, the EPAP will include company information from your prior EPAPs If you click No, the EPAP will not include prior information*
- d. Click the "Save and Certify" button and the system will display the EPAP form.

• Fill out the EPAP and check the Certify box at the end Click the "Save and Certify" button

| >> Notice of Intent to Engage In External Professional Activities for Pay - EPAP |
|--|
| 🗈 Duplicate Disclosure 🛛 🖄 🖓 EDE 🗙 Delete Disclosure |
| 1) Proposed Activity |
| Please indicate the role(s) of the proposed activity: |
| Director |
| Board of Directors Member |
| Trustee |
| Consultant |
| Speaker |
| Other |
| Frequency of activity: |
| O Single Time O Repeating Event |
| 2) Dates |
| Each EPAP request should only cover a time period with one fiscal year (July 1 - June 30). If your activity spans more than one fiscal year, you must submit a separate |
| request for each fiscal year in which you plan to engage in this activity. |
| Please enter the Beginning Date of your proposed activity. Remember the dates of your activity must fall within a single fiscal year |
| nom/dd/anny == |
| |
| Please anter the Environ Date of war nonneed activity. Demember the dates of your activity must fell within a single fiend year |
| newe share one schering since of your proposed estimate are sense of your during music fail waith a single local year. |
| mm/dd/yyyy |
| 3) Time Commitment |
| Total sumbar of house to be denoted to estibility |
| Total number of nours to be devoted to activity: |
| Total Number of University Business Hours (M-F, 8-5), including travel time, that will be missed due to this activity: |
| Estimated duration of activity (length of time): |
| O Less than a month |
| O 1-4 months |
| O More than 4 months |
| Do you have a 9-month or 12-month appointment? O 9-month O 12-month |
| On average, how many hours per WEEK will be devoted to this activity for the anticipated duration of the activity within the current fiscal year, ending June 30th? |
| Identify any classes, meetings, or other University duties that will be missed because of involvement in the proposed activity and state what arrangements have been made |
| to cover any such duties. |
| |
| |
| 4) University Resources |
| Will this activity use any University resources (personnel, products, facilities, equipment, administrative infrastructure (e.g. IRB), etc)? |
| O Yes No |
| 5) Additional Information |
| To your knowledge is the external antikleonizating examination a labhuist principal under Chanter 1924 (Elections and Ethics Enforcement Art) of the Mouth Courties |
| ro your wrowied a une external entryroomsacung organization a loopyis principal under Chapter 163A (Elections and Ethics Enforcement Act) of the North Carolina Statutes? |
| O Yes O No |
| |
| Check here if you have any additional information that is relevant to this disclosure. |
| |
| I certify that the information provided above is complete and accurate to the best of my knowledge. |
| |
| Save and Certify |
| |

- a. Note: A "Yes" response to will trigger requests for additional information.
- b. Screen showing EPAP with prior information about the contracting organization:

| 6) Ownership/Equity I | nterest | | | |
|---|--|-------------------------------------|-----------------------|----------------------------------|
| Do you or a family men your answer unless yo Yes O No | nber currently hold or plan to hold equity interest in an entity or u have direct control over the investments. | vendor related to this activity. Pl | ease exclude mutual | funds and blind trust funds from |
| Source | Entity | Equity Type | Public Value | Private % |
| Self | Chapel Hill-Carrboro City Schools | Public | \$20,000,000.00 | Edit Delete |
| Add more entries | | | | |
| 7) Gifts | | | | |
| Has an entity or vendo your research or your Yes O No | r related to this activity given a gift to the University, or affiliated esearch team? | foundations where the gift was | designated for your b | enefit, your family members, |
| Entity | Value Explana | ation | | |
| Chapel Hill-Carrboro Cit Add more entries | Schools \$5,000.00 test | | | Edit Delete |

- c. Click "Delete to remove" the information
- d. Click "Edit" to modify the information
- e. Click "Add more entries" button to display a pop-up screen where you can provide detailed information

Note: If you are disclosing more than one organization, you will need to complete an EPAP for each one.

• Once you have completed your disclosure, the system will display the EPAP Status page

| scloser Information 🖤 | | | Duplicate | Disclosure 🔲 Quick V | /iew (HTML) 🔑 PDF | X Delete Disclosure | |
|---|--|------------------------------------|-----------------------------|----------------------|--|---------------------|--|
| Disclosure Questions V AIR Number: 19-01060 Disclos | | | | | Disclosure Type: FPAP | | |
| sclosure Status 🖋 | Status: Certified Discloser: Martina Garnard | | | | | | |
| | | | | | - | | |
| | Thank you for completing | g this disclosure. | | | | | |
| | | 52125 11 | | | | | |
| | Routing Attachmen | Rounny Attachments Er Ar Email Loy | | | | | |
| | Department or Admi | | | | | | |
| | Department/Admir | ı | Reviewer(s) | | Decision | | |
| | Human Resources | ٩, | CONNIE LONG, ROBERTA SNUGGS | | Not yet reviewed (Resend Notification) | | |
| | | | | | | | |
| | Status History | Status History | | | | | |
| | Status | Name | Date | | | | |
| | Certified Martina Gargard | | 10/01/2018 02:5 | | 54 PM | | |
| | Submitted | Martina Gargard | | 10/01/2018 02:5 | 4 PM | | |
| | Created | Martina Gargard | | 10/01/2018 02:5 | 0 PM | | |
| | | | | | | | |

- a. Click the "Attachments" tab and upload any supporting documentation
- b. **President, SVPs, and VPs** should complete the **Ethics Form** under the Help menu and attach it on the Attachments tab

• After your EPAP request is submitted,

- > You should receive an email confirmation about the EPAP
- The EPAP Staff, your manager and/or Legal Affairs will contact you with questions/updates when processing your EPAP request.
- When the EPAP Office (and all other parties) finish the review, you will receive an email confirmation stating the process is complete.
- If you have a potential conflict that needs to be addressed immediately, please contact Robbie Snuggs at <u>rrs@northcarolina.edu</u> or (919)843-5671.
- Check the status of your disclosure and review prior disclosures at any time by:
 - a. Logging into AIR
 - b. Navigating to the Home page
 - c. Locating the Disclosure Dashboard on the left side of the screen
 - d. Clicking on "My EPAP Requests" link



- The "My EPAP Requests" page shows the list of all your EPAPs. You can:
 - a. Click the ID/AIR # to view the EPAP
 - b. Click the Duplicate link to create a new EPAP from a current one

| nc | omplete (5) | In Pr | ocess (16 |) Complete (0 |) | | | |
|----|-----------------|----------|-----------|--|--------------|----------------|---------|--------------------|
| | | | | | | | | |
| nc | omplete Di | sclosure | s | | | | | |
| # | ID/AIR # | AIR Type | Title | Sponsor | Date Created | Date Submitted | Status | |
| 1 | <u>19-00060</u> | EPAP | test | Chapel Hill- Carrboro City Schools | 9/28/2018 | 9/28/2018 | Created | Duplicate |
| 2 | <u>19-00057</u> | EPAP | test | Maconstar | 9/28/2018 | 9/28/2018 | Created | Duplicate |
| 3 | <u>19-00004</u> | EPAP | test | Chapel Hill- Carrboro City Schools | 7/2/2018 | 7/2/2018 | Created | ⊠ <u>Duplicate</u> |
| 4 | <u>18-00039</u> | EPAP | testing | Maconstar | 6/20/2018 | 6/20/2018 | Created | Duplicate |
| 5 | <u>18-00037</u> | EPAP | Testing | Maconstar | 6/20/2018 | 6/20/2018 | Created | Duplicate |

If you have a potential conflict that needs to be addressed immediately, please contact Robbie Snuggs at <u>rrs@northcarolina.edu</u> or (919)843-5671.