

Significant Financial Interest Disclosure Statement

Investigator Name/Title: _____

Project Title: _____

Funding Agency: _____

Department/Unit: _____

College/Unit: _____

I hereby certify that I, my spouse, and dependent children in aggregate:

will) will not) receive salary, royalties or other payments for services (e.g., consulting fees or honoraria) in excess of \$5,000 from an external entity that would reasonably appear to be affected by the research or educational activities funded, or proposed for funding, by an external sponsor;

do) do not) hold an equity interest in excess of \$10,000 in value in an external entity that would reasonably appear to be affected by the research or educational activities funded, or proposed for funding, by an external sponsor;

do) do not) hold an equity interest that represents more than a 5 percent ownership interest in an entity that would reasonably appear to be affected by the research or educational activities funded, or proposed for funding, by an external sponsor;

do) do not) have other significant financial interests that possibly could affect, or be perceived to affect, the results of the research or educational activities performed by me as a part of a sponsored project.

I agree to update this request and disclosure on an annual basis or at any time there is a change in the information reported.

Investigator's Signature (not delegated)

Date

Acknowledgement of negative disclosure:

Unit Head

Date

Designated Official

Date

If only negative statements are checked above, no further information is required. If any positive statement is checked, complete the form "Supplemental Disclosure" and attach it to this form.

Supplemental Disclosure

This form must be completed for each entity that would reasonably appear to be affected by any sponsored project in which you are involved and which you, your spouse and dependent children in aggregate receive in excess of \$5,000 in income, hold equity interest in excess of \$10,000 in value, or hold a 5 percent ownership interest. The form may be submitted in an envelope marked "Confidential."

Name and address of entity: _____

Annual income from this entity: _____

Basis for income to you or a member of your family (check all that apply):

- Participation as an employee Gift Dividends Consulting Lecturing
 Income related to royalties on patents & copyrights Service on Advisory or Directors' Board

The value of ownership interest in external entity is: _____

Nature of ownership: Equity Interest Partnership Other (explain)

Percentage of ownership: _____

If you or a family member has received a consulting fee, describe the nature of the consulting activities. Indicate how they relate to proposed or sponsored projects on which you serve as principal investigator, co-investigator, or senior personnel. Explain how you are keeping your interests and obligations to the entity separate from your university activity. (please attach additional pages, if necessary)

If you are receiving income from royalties on patents and copyrights, explain the circumstances which resulted in this income. (please attach additional pages, if necessary)

This disclosure of significant financial interest (does) (does not) constitute a conflict of interest.

Signature (not delegated)

Date

Determination of the Unit Head:

I have reviewed the significant financial interest disclosure and in my judgment:

- No conflicts exist.
 Conflicts of interest exist or may exist.

Signature

Date

Determination of the Designated Official:

I have reviewed the significant financial interest disclosure and in my judgment:

- No conflicts exist.
 Conflicts of interest exist or may exist.*

Signature

Date

*A resolution plan will be developed. See OP 56.08.