

FINANCIAL DISCLOSURE FORM
for Reporting of
Significant Financial Interests by
SPONSORED PROJECTS INVESTIGATOR(S)
(To Be Submitted With Internal Approval Sheet)

Name: _____ Title and Rank: _____

College/Unit: _____ Department/Unit: _____

Title of Project: _____

Sponsor: _____ Amount Requested: _____

Duration of Sponsored Project: From: _____ To: _____

University Appointment During This Period:

_____ % time, Academic Year

_____ % time, Summer

(Please attach additional sheet if more detail is required.)

Part I Conflict of Interest Screening Questions

1. Do you, or does your spouse or dependent children, have a consulting relationship with or other significant financial interest in a sponsor of your research?

_____ yes (If so, please list and explain in an attached statement.) _____ no

2. Do you, or does your spouse or dependent children, have a managerial role or a significant financial interest in a company in a field of your research?

_____ yes (If so, please list and explain in an attached statement.) _____ no

3. Do you or any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University appointment? Such relationships may include financial or fiduciary interests or uncompensated activities.

_____ yes (If so, please list and explain in an attached statement.) _____ no

Part II Listing of Non-University Income Producing Activities that pose a Significant Financial Interest

Do not include amounts of compensation.
(Specific dollar amount for compensation not required)

Attach additional sheets if necessary.

Nature of activities	For whom: (e.g. Company/Organization)	<u>Retrospective</u> Days Spent During Reporting Period	<u>Prospective/Current</u> Estimated Days to be Spent in Current Reporting Period
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Part III Affirmation

In submitting this form, I confirm that the above information is true.

Investigator's Signature _____

Date _____

Part IV Administrative Review

Conflict-of-Interest Review

Based on the activity reported, and to the best of our knowledge and in our judgment:

- a) _____ No conflict of interest exists.
- b) _____ A conflict of interest may exist.
(If so, please attach an explanation.)

Approval of Activities

Retrospective Activities (Previous calendar year)

_____ No retrospective activities are reported, or all retrospective activities are approved.

_____ Some or all retrospective activities are not approved.
(Attach explanation.)

Current Activities (current or anticipated)

_____ No current or prospective activities are reported, or all current or prospective activities are approved.

_____ Some or all current or prospective activities are not approved.
(Attach explanation.)

_____	_____	_____	_____
Department Head	Date	Approved	Disapproved
_____	_____	_____	_____
Dean/Director	Date	Approved	Disapproved