

**Investigator Financial Disclosure Form**  
(Applicable to all Sponsored Project Proposals)

**Investigator's Name:** \_\_\_\_\_

**Department/Unit:** \_\_\_\_\_

**College/Unit:** \_\_\_\_\_

**Proposal Submitted to:** \_\_\_\_\_

**Project Period:** \_\_\_\_\_

**Certification:** I have read and understand the University's Policy of Conflict of Interest/Financial Disclosure and affirm that the information below is true to the best of my knowledge.

1. Are you or any member of your immediate family an officer, director, partner, trustee, employee, advisory board member, or agent of the external organization funding this sponsored project or of any organization from which goods and services will be obtained under the sponsored project?

\_\_\_\_\_ Yes (if so, describe in detail on an attached sheet the nature and extent of the affiliation.)

\_\_\_\_\_ No

2. Are you or any immediate family member, the actual or beneficial owner of more than five percent (5%) of the voting stock or controlling interest of the external organization funding this sponsored project or any external organization from which goods and services will be obtained under this sponsored project?

\_\_\_\_\_ Yes (if so, describe in detail on an attached sheet the nature and extent of the equity interest.)

\_\_\_\_\_ No

3. Have you or any member of your immediate family derived income within the past year or do you or any member of your immediate family anticipate deriving aggregate income exceeding \$10,000 per year from the external organization funding this sponsored project or any external organization from which goods and services will be obtained under this sponsored project?

\_\_\_\_\_ Yes (If so, describe in detail on an attached sheet the amount of income and the reason for which it was or will be derived.)

\_\_\_\_\_ No

4. Do you have any affiliation with the organization funding this sponsored project that would affect, or be perceived to affect, the results of the research or educational activities in any manner?

\_\_\_\_\_ Yes (if so, describe in detail on an attached sheet the nature of the affiliation and the amount of time per week you dedicate to it.)

\_\_\_\_\_ No

Further I Agree, If Required:

- To update this disclosure during the pendency of the aware, either on an annual basis, or as new reportable significant financial interest are obtained.
- To cooperate in the development of a Memorandum of Understanding (MOU) that constitutes a conflict of interest "resolution plan".
- To comply with any conditions or restrictions imposed by the University to manage, reduce, or eliminate actual or potential conflicts of interest or forfeit the award.

Signature of Faculty Member: \_\_\_\_\_  
(Original signature only - a "per" signature is not acceptable).

Endorsements:

\_\_\_\_\_ I have reviewed the Investigator Financial Disclosure Form and have determined that it is a Negative Disclosure revealing no potential financial conflict on the part of the investigator.

\_\_\_\_\_ I have reviewed the Investigator financial Disclosure Form and have referred it to the University Conflict of Interest Review Committee as a Positive Disclosure in need of further review and for the possible development of a Memorandum of Understanding (MOU) with the investigator.

Research Grants & Contracts: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed