Disclosure of Financial Conflict of Interest

First Name ___________________________________________ Last Name ___________________________________________

__________________________________________________________
Funding Agency

__________________________________________________________
Project Title

Your position on the project:  [ ] PI  [ ] Co PI  [ ] Other (Specify) ______________________

Do you, your spouse, partner, significant other or dependent children, have any significant financial interests? All applicants and awardees seeking or receiving funding from a Public Health Service agency (e.g., National Institutes of Health, National Science Foundation… or another sponsor) are subject to the University’s Financial Conflict of Interest Policy which can be found on the Grants, Sponsored Research and Strategic Initiatives website.

Please select one:  [ ] Yes  [ ] No

If you checked “Yes,” please list below each entity in which you, your spouse, partner, significant other or your dependent children have a significant financial interest.

1) __________________________________________________________

2) __________________________________________________________

3) __________________________________________________________

4) __________________________________________________________

Please attach a separate sheet for additional entries.

Grants, Sponsored Research and Strategic Initiatives:

_________________________________________________________  ____________________________
Director Signature                                      Date

Signature required for all YES responses:

Associate Provost for Faculty Development (Research Integrity Officer):

_________________________________________________________  ____________________________
Research Integrity Officer Signature                      Date