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.

<table>
<thead>
<tr>
<th>Nature of activities</th>
<th>For whom: (e.g. Company/Organization)</th>
<th>Retrospective Days Spent During Reporting Period</th>
<th>Prospective/Current Estimated Days to be Spent in Current Reporting Period</th>
</tr>
</thead>
</table>

**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