



Financial Conflict of Interest Disclosure Form

*Per the Federal regulations, 45 CFR 94.4, UWW research investigators have a responsibility regarding disclosure of significant financial interests **related to the project only.***

Investigator's Full Name:

Department:

Sponsoring Agency:

Title of Project:

Amount Proposed/Awarded:

Expected Award Date:

Certification

1. Are you or is any member of your family (spouse and dependent children) an officer, director, partner, trustee, employee, advisory board member, independent contractor, consultant, or agent of the external organization funding this sponsored project, of any organization from which goods and services will be obtained under the sponsored project, or of any organization that may be affected by the results of this sponsored project?

☐ No ☐ Yes

2. Are you or is any member of your family (spouse and dependent children) the actual or beneficial owner of any shares of stock, stock options, partnership interest or other ownership interest exceeding \$5,000 in value or the actual or beneficial owner of more than five percent (5%) of the voting stock or controlling interest in the external organization funding this sponsored project, in any external organization from which goods and services will be obtained under this project, or in any organization that may be affected by the results of this sponsored project? DO NOT include stock owned through mutual funds.

☐ No ☐ Yes

3. Have you or any member of your family (spouse and dependent children) received within the past twelve months or do you expect to receive in the next twelve months income exceeding \$5,000 from the external organization funding this sponsored project, from any external organization from which goods and services will be obtained under this sponsored project, or from any organization that may be affected by the results of this sponsored project? Include salary (other than that included in the proposed budget for the project whose title is indicated above), royalties from inventions or other intellectual property, fees, and honoraria in "income."

☐ No ☐ Yes

Submit the signed Form to the ORSP.

I have read, understand, and will comply with the University Wisconsin-Whitewater Conflict of Interest Policy. I certify that the information provided above and in any attachments hereto is accurate and complete to the best of my knowledge as of the date written below. I will submit an updated Disclosure Form if at any time from the date the Form for this proposal is submitted through the termination of the grant award any new reportable Significant Financial Interests are obtained or if there is a material change in an existing Significant Financial Interest. The updated Disclosure Form will be submitted to the ORSP within 30 days of the change.

Signature of Investigator _____ Date _____