

Conflict of Interest Disclosure Form INITIAL Disclosure ANNUAL Update[EWU Policy 302-08 Conflicts of Interest](#)

Name: _____ Project Role: _____

Department: _____ Unit: _____

Title of Proposal: _____

Grant Program Funding Agency: _____

PUBLICLY TRADED ENTITY: Do you or any member of your immediate family (spouse or partner and dependent children) have any Significant Financial Interests (SFI) in a **Publicly-Traded Entity** that might reasonably appear to be related to your Institutional Responsibilities? (An SFI for publicly-traded entities exists if the value of any equity interest as of the date of disclosure combined with any remuneration in the past 12 months exceeds \$5,000.)

 No Yes **If YES:** Provide the following information in a sealed envelope marked CONFIDENTIAL: the name of the entity, the nature of the interest, its value, and any documentation.

PRIVATELY-HELD ENTITY: Do you or any member of your immediate family (spouse or partner and dependent children) have any Significant Financial Interests (SFI) in a **Privately-Held Entity** that might reasonably appear to be related to your Institutional Responsibilities? (An SFI for privately-held entities exists if the value of any remuneration in the past 12 months exceeds \$5,000, or when the Investigator or immediate family holds **any equity interest**.)

 No Yes **If YES:** Provide the following information in a sealed envelope marked CONFIDENTIAL: the name of the entity, the nature of the interest, its value, and any documentation.

INTELLECTUAL PROPERTY INCOME: Have you or any member of your immediate family (spouse or partner and dependent children) received **any income** related to **intellectual property** rights and interests that might reasonably appear to be related to your Institutional Responsibilities? (Do not include any intellectual property that has been assigned to EWU.)

 No Yes **If YES:** Provide the following information in a sealed envelope marked CONFIDENTIAL: the name of the entity, the nature of the interest, its value, and any documentation.

TRAVEL: In the past 12 months have you undertaken any **travel** related to your Institutional Responsibilities that was either reimbursed or paid for by any individual or entity other than a federal, state or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education?

 No Yes **If YES:** Provide the following information in a sealed envelope marked CONFIDENTIAL: the purpose of the trip, the name of the sponsor/organizer, and the destination, duration, and approximate monetary value.

CONFLICT OF COMMITMENT: Are you involved in an external activity (such as a contract for consultation or professional service) that may or may not be perceived to interfere with your capacity to meet your institutional responsibilities or may appear to influence your impartiality regarding research findings or business decision? See EWU Policies [401-02 \(Additional or Outside Employment\)](#) and [901-01 \(Ethical Standards\)](#).

 No Yes **If YES:** Provide the following information in a sealed envelope marked CONFIDENTIAL: the name of the entity, the nature of the interest, its value and any documentation.**CERTIFICATION BY INVESTIGATOR**

- A. I have read and understand [EWU Policy 302-08 \(Conflicts of Interest\)](#).
- B. To the best of my knowledge, I have made all required financial disclosures.
- C. I agree to comply with any conditions or restrictions imposed by EWU for the purpose of managing, reducing or eliminating actual or potential conflicts of interest in connection with this grant. If I am unable to comply, I understand that the university may decline the grant award or terminate the project.

Check if applicable: **CERTIFICATION BY PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR:**
The following people (or roles) meet the definition of Investigator for the above project, and I certify that they all will comply with the disclosure requirements of the **EWU Conflicts of Interest Policy**:

Signature of Investigator: _____ Date: _____

OR email to ogrd@ewu.edu

(click 'send' on the email that opens) OR return to the Office of Grant and Research Development in 210 Showalter Hall

ACTION REQUIRED: If you answered YES to any questions above, forward the required information in a sealed envelope marked 'CONFIDENTIAL' to the Office of Grant and Research Development in Showalter 210.

OFFICE OF GRANT AND RESEARCH DEVELOPMENT USE ONLY

Signature of Dean: _____ Date: _____