## A. Significant Financial Interest Disclosure Statement for Research (non-PHS)

Investigator Name/Title:	Department/Unit:
Funding Agency:	College/Unit:
Project Title:	
I hereby certify that I, my spouse, and dependent c $\square$ (will) $\square$ (will not) receive salary, royalties or other honoraria) in excess of \$10,000 from an external entiaffected by the research or educational activities fund	er payments for services (e.g., consulting fees or ty that would reasonably appear to be related to or
$\square$ (do) $\square$ (do not) hold an equity interest in a public external entity that would reasonably appear to be relactivities funded, or proposed for funding, by an exte	ated to or affected by the research or educational
$\Box$ (do) $\Box$ (do not) hold an equity interest that representity that would reasonably appear to be affected by proposed for funding, by an external sponsor; and	
$\square$ (do) $\square$ (do not) have other significant financial in affect, the research or educational activities performe	· · ·
$\Box$ (have <u>ever</u> ) $\Box$ (have <u>not ever</u> ) participated in programs (e.g. The Thousand Talents Plan/Program)	**
$\Box$ (do) $\Box$ (do not) receive support (regardless o institutional responsibilities from a foreign instit (Examples: salary, payment for services, consulting fees, it gratuities, compensation for services on advisory panel/contestimony, scholarships, office/laboratory space, equipment, suppose the services of the ser	ution of higher education or foreign government honoraria, paid authorships, reimbursed/paid travel, gifts ommittee or review panel/committee or providing expert
I agree to update this request and disclosure on an an information reported.	nual basis or at any time there is a change in the
Investigator's Signature (not delegated)	Date
Acknowledgement of negative disclosure:	
Unit Head (Dean or Vice President)	Date
Director, ORSP	Date

If only negative statements are checked above, no further information is required. If any positive statement is checked, you will be asked to complete the form "Supplemental Disclosure for Non-PHS Funded Research" for each interest and attach it to this form.

## **B.** Supplemental Disclosure Form for Research (non-PHS)

This form must be completed for each entity that would reasonably appear to be affected by any sponsored project in which you are involved and which you, your spouse and/or dependent children in aggregate receive in excess of \$10,000 in income, hold equity interest in excess of \$10,000 in value, or hold a 5 percent ownership interest.

Name and address of entity:		
Annual income from this entity:		
Basis for income to you or a member of your family (check all that apply Participation as an employee Gift Dividends Consulting Service on Advisory/Directors' Board Income related to royalties on p	Lecturing	
The value of ownership interest in external entity is:	_	
Nature of ownership: Equity Interest Partnership Other (explain	n)	
Percentage of ownership:		
If you or a family member has received a consulting fee, describe the natural Indicate how they relate to proposed or sponsored projects on which you co-investigator, or senior personnel. Explain how you are keeping your in entity separate from your university activity (please attach additional page)	serve as principal investigator, terests and obligations to the	
If you are receiving income from royalties on patents and copyrights, explain the circumstances which resulted in this income (please attach additional pages, if necessary).		
In my judgment, this disclosure of significant financial interest (does) (do interest.	es not) constitute a conflict of	
Signature (not delegated)  Date		
Determination of the Unit Head (Dean or Vice President):  I have reviewed the significant financial interest disclosure and in my judg  No conflicts exist.  Conflicts of interest exist or may exist.	gment:	
	Date	
Determination of the Designated Official (Chief Business Officer or h I have reviewed the significant financial interest disclosure and in my judg No conflicts exist.	is/her designee):	
Conflicts of interest exist or may exist.*	<b></b>	
Signature	Date	

<sup>\*</sup>A resolution plan will be developed.