

## Proposal-Specific Investigator Financial Interest Disclosure Form

**I have read the Policy on Conflicts of Interest and Commitment for Faculty and Investigators and Appendix B to the Policy and certify to the best of my knowledge:**

No, I do NOT have any conflicts as described by the Policy or Appendix B.

Yes, I do have a conflict(s) as described by the Policy or Appendix B.

Faculty Member or Investigator Name:

Department/Unit:

Sponsor:

Title:

If you answered YES to the above question, please give details, including identifying the business enterprise(s) and describing your, your immediate or close family member's relationship to it, as well as the approximate value of any income or financial interest, loan or gift. (Where more space is required for your answers, please attach additional pages to this questionnaire.)

Signature

Date

### Department Chair/Unit Head & College Dean/Director – Comments and Recommended Actions

To the best of my knowledge, there is no perceived or inappropriate activity or conflict.

I have reviewed this disclosure and recommend the following actions be taken:

Printed Name and Signature – **Dept. Chair/Unit Head**

Date

To the best of my knowledge, there is no perceived or inappropriate activity or conflict.

I have reviewed this disclosure and recommend the following actions be taken:

Printed Name and Signature – College Dean/Director

Date