



CONFLICT OF INTEREST DISCLOSURE FORM FOR EXTERNAL FUNDING Governmental Funding Source

Completion of this form is required at submission for proposals submitted to the National Science Foundation and to the Public Health Service. This includes the Principal Investigator and any other person responsible for the design, conduct, or reporting of activities funded by the agency.

Lead Investigator Name:

The Lead Investigator is responsible for ensuring that all investigators submit disclosures.

Department/College:

Phone:

Investigator Making Disclosure:

Department/College:

Phone:

Project Title:

Type of Disclosure: New Renewal - Project Number:

A. Provide the following information about the governmental entity that will fund (or has funded) this project, in whole or in part:

Sponsor:

Principal business of Sponsor:

Amount of Funding requested:

Proposed Funding Period: Start:

End:

I am disclosing the following significant financial interests related to the government funding for this project. (Responses should include the investigator, his/her spouse, domestic partner and any dependent child.)

Nothing to Disclose

B. Are you (or your spouse, domestic partner or dependent child) a director, officer, or partner, trustee, or employee of, or do you hold any position of management in the entity listed in A?

NO

YES

C. Do you, or does your spouse, domestic partner or dependent child have (individually or collectively):

1. An investment of \$10,000 or more in the entity listed in A above?

NO

YES – value exceeds \$10,000 but does not exceed \$100,000

YES – value exceeds \$100,000

2. Income (including any payment such as salary or consulting fees) of \$10,000 or more received from any entity listed in A (above) within the last 12 months, or expect to receive in the next 12 months? (Does not include grants & contracts administered by the University or its auxiliaries.)
 NO YES – value exceeds \$10,000 but does not exceed \$100,000
 YES – value exceeds \$100,000
3. Do you hold an equity position of 5% or more in the entity?
 NO YES
4. Do you have an interest in any intellectual property rights belonging to the entity?
 NO YES

E. If you answered YES to B or to any question in Section C, please provide details of the financial interest and/or relationship disclosed for you, your spouse, domestic partner or dependent child (individually or collectively).

Investigator Certification:

- I declare under penalty of perjury that I have used all reasonable diligence in preparing this statement and to the best of my knowledge it is true and complete.
- I assure that all individuals who will be responsible for the design, conduct or reporting of the proposed activities have been notified to complete and certify a Disclosure Form.
- I agree to update this disclosure on an annual basis, as new reportable significant financial interests are obtained.
- I agree to cooperate in the development of a Resolution Plan to address any actual or potential conflict of interest identified via this Disclosure.
- I agree to comply with any conditions or restrictions imposed by CSUMB to manage, reduce or eliminate actual or potential conflicts of interest or forfeit the award.

Signed by Disclosing Investigator: _____ Date: _____

Designated Reviewing Official Only

This sponsored project is **NOT** reasonably expected to have a “direct and significant” impact on the disclosed financial interest; and the financial interest could **NOT** affect the design, conduct, or reporting of the sponsored project. No further action is required.

This sponsored project **MAY** reasonably have a “direct and significant” impact on the disclosed financial interest; or the financial interest **MAY** affect the design, conduct, or reporting of the project. Further review is required by an ad hoc Independent Review Committee (IRC).

Signed by Designated Reviewing Official: _____ Date: _____