

Conflict of Interest Disclosure Form

To ensure and promote project objectivity and integrity, this form must be reviewed and updated in consideration of all your current and pending projects at the following times:

- Each time you submit a new funding project proposal
- Upon receipt of an award letter or agreement
- Annually at the beginning of each fiscal year for the duration of the award
- Within 30 days of discovering or acquiring any significant new financial interest or a potential conflict

If an investigator holds multiple active awards, a separate COI disclosure form must be completed for each award.

Please complete the following information and return your completed form to the Sponsored Projects Office via email at sponsoredprojects@wou.edu or via campus mail to ADM 205.

Name:	
Title/Role:	
Department:	
Project Title:	
SPO # and/or Funder Award Number:	

Section I

1. Financial Interests

A. Income and Compensation: Do you, your spouse/partner, or dependent children receive income or other compensation (including non-Federal salary, consulting fees, honoraria, gifts, and in-kind compensation) from an entity whose financial interests could reasonably appear to be affected by your sponsored project?

Yes No

B. Publicly-Traded Companies: Do you, your spouse/partner, or dependent children own or have an equity interest (stock ownership, stock options, etc) valued at more than \$5,000 in a publicly-traded company or companies (aggregate value of all stocks in all such companies) whose financial interest could be affected by this sponsored project?

Yes No

C. Non-Publicly Traded Companies: Do you, your spouse/partner, or dependent children own or have any stock, stock options, or other equity interest in a non-publicly traded company whose financial interest could be affected by this sponsored project?

Yes No

2. Business Relationships

- A. Income and Compensation:** Will your spouse/partner or dependent children be employed, receive salary, or otherwise participate in this sponsored project?
 Yes No
- B. Current Relationships:** Are you, your spouse/partner or dependent children serving or seeking to serve as officer, director, trustee, general partner, agent, attorney, consultant, contractor or employee (paid or unpaid) with an entity whose financial interest could be affected by this sponsored project?
 Yes No
- C. Relationships in the Past Year:** Have you within the last year served as an officer, director, trustee, general partner, agent, attorney, consultant, contractor, employee for any entity whose financial interest could be affected by this sponsored project?
 Yes No
- D. Business Arrangements or Agreements:** Are you seeking, negotiating for, or do you have any business arrangements or agreements, such as a future employment agreement, re-employment rights, consultant agreement, pending severance arrangement or retirement plan, with any entity whose financial interest could be affected by this sponsored project?
 Yes No
- E. Procurement/Contracting:** Do you, your spouse/partner, or dependent children have any financial interest in a vendor, subcontractor, or consultant that may be selected for this project?
 Yes No

3. Intellectual Property

- A.** With respect to intellectual property that could be affected by this sponsored project, are you, your spouse/partner, or dependent children:
- Listed as the inventor on an invention disclosure or a patent application;
 - The owner of any intellectual property;
 - The holder of a license of a patent, copyright, software or other intellectual property;
 - entitled to earn royalties now or in the future;
 - the author of written materials that are, or are going to be, commercialized;
 - Otherwise earning compensation from, or have a financial interest in, intellectual property (not covered elsewhere in this form); OR
 - holding any other financial relationship not covered elsewhere in this form?
- Yes No

If you answered "Yes" to any of the statements in Section I, you must complete Section II. If you answered "No" to all of the statements in Section I, proceed to Section III

Section II

Financial Interests:

If you answered “yes” in paragraph 1A of Section I, explain the source, value, and reason for the income or other compensation.

If you answered “yes” to either 1B or 1C of Section I, provide the Name of the Company, Type of Equity Interest, and Describe the nature of the company and how its financial interest could be affected by this sponsored project.

Business Relationships:

If you answered “yes” in paragraph 2A of Section I, provide the name, relationship, value, and reason for the income or other compensation.

If you answered “yes” in paragraph 2B of Section I, identify: (i) the relationship between you and the person whose financial interests could be affected by this project, and (ii) how this person’s financial interests could be affected by this sponsored project.

If you answered “yes” in paragraph 2C of Section I, provide: (i) name of the outside business, (ii) the type of business; (iii) your position with the outside business, and (iv) the date your relationship with the business ended.

If you answered “yes” in paragraph 2D of Section I, provide: (i) name of entity with whom you are seeking, negotiating, or have an arrangement, (ii) type of business conducted by entity, (iii) brief description of the arrangement or agreement you are seeking, negotiating, or have with the entity, and (iv) description of the entity’s relationship to this sponsored project.

If you answered “yes” to 2E of Section I, provide (i) the Name of the vendor/subcontractor/consultant, (ii) the nature of the work to be completed and compensation they are to receive and (iii) how your/their financial interest could be affected by this sponsored project.

Intellectual Property:

If you answered “yes” to 3A in Section I, identify (i) what you, your spouse/partner, dependent children have, and (ii) how it could be affected by this sponsored project.

Section III**Certification**

By signing below, I certify that, to the best of my knowledge and belief, all of the information on this Statement is true, correct, and complete as of the date of my signature below, and I authorize the reviewer of this Statement to share the information contained herein with the appropriate departments on a need-to-know basis.

Signature: _____ Date: _____