

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:

- Annually through the duration of the project
- Each time you submit a new funding project proposal
- Within 30 days of a new or significant change in your outside professional activities or financial interests

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.

Date	
Name	
College and Division	
Phone Number	
Email	

Disclosure of Financial and Competing Interests Related to Sponsored Projects

“You” and “your” represents both **you and your immediate family members**: you, and as applicable, your spouse/domestic partner, and any dependent children.

Your interest(s) must be disclosed below when the following definitions and threshold(s) apply in relation to any current and/or new sponsored projects:

Your financial interests, holdings, and positions over the past 12 months included:

- Income, Travel sponsorship/reimbursement, or other remuneration (e.g., consulting, or other professional fees, Honoria, gifts, etc.) received from a single entity, valued at \$5,000 USD or more.
- Equity (stock, stock options, other ownership) held in an individual company or other entity
- Intellectual Property rights and interests
- Holding an officer, director, board member, or other executive or fiduciary position for an entity

Disclosure Exceptions – DO NOT DISCLOSE THE FOLLOWING INFORMATION:

- Equity and income from investments such as mutual funds or retirement accounts, where you do not directly control investment decisions for any individual entity
- Income and travel sponsorship/reimbursement from professional activities such as seminars, lectures, teaching engagements, and service on advisory committees or review panels, when received from:
 - WOU and other U.S.-based institutions of higher education and their associated academic teaching hospitals, medical centers, and research institutes, and
 - U.S. based federal, state, or local government agencies.

Question 1:

Do you have any interests to disclose according to the definitions and thresholds described above?

- ☐ Yes If yes, complete question 2
- ☐ No If no, skip Question 2 and complete the Disclosure Affirmation section below.

Question 2:

Complete the following table and include all current and pending projects:

Project Title with potential conflict:	Perceived Conflict:

Disclosure Affirmation

- ☐ By checking this box, I affirm that I have read and understand [WOU's Policy on Research Conflicts of Interest](#)
- ☐ By checking this box, I affirm that I will update my disclosure with any new or modified interests or positions within 30 days of receipt, agreement or contract execution, or other acknowledgement, for as long as I am engaged in WOU activities.

Signature: _____ **Date:** _____