
Office of Sponsored Programs

Phone: 509-777-3701

Email: mstoops@whitworth.edu**Financial Interest
Disclosure Form**

Please complete the following form, pursuant to the requirements of Whitworth University's Financial Conflict of Interest Policy adopted in 2012. Investigators and designated personnel are required to submit financial interest disclosures for consideration of potential conflicts of interest as follows:

- Prior to submission of a proposal to the designated external funding agency.
 - Annual updates: Investigators and Senior/Key Personnel shall complete a FCOI Annual Disclosure Form and submit it to the Institutional Official upon request.
 - Within 30 days of acquiring or discovering any new reportable significant financial interests.
 - Investigators joining the University who are conducting research sponsored by the agencies to which this policy applies will provide all necessary disclosures within 30 days.
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Identification and Project Information**Name****Date****Role** (select as many as apply for any federal grants in which you participate): Primary Investigator Co-Primary Investigator Senior Personnel Other: _____**Federal Grants** (list all federal agency(s) and title(s) for projects currently funded by the federal government): **Funding Agency(s)** **Program****Project Title(s)**

Reporting Information**I am reporting on activities as follows:** Prior to submission of a grant proposal An addendum to my most recent report Annual update Other: _____

Compensation: In the previous 12 months have you or a member of your immediate family (including domestic partner) received compensation exceeding \$5,000 from a for-profit entity for activities such as consulting, expert witness, advisory board membership, and/or the like?

 Yes No

Equity: Do you or does a member of your immediate family (including domestic partner) own stock or hold stock options with a publicly traded or privately owned equity valued at more than \$5,000?

 Yes No

Role: Do you or a member of your immediate family (including domestic partner) serve as director, trustee, officer, or other key employee in a for-profit corporation, partnership, business, or other entity outside of Whitworth University?

Yes No

Intellectual Property: Do you or a member of your immediate family (including domestic partner) have rights to and/or receive royalties from intellectual property (including patents, copyrights, and trademarks but excluding academic or scholarly works) license to and/or owned by a for-profit entity? Do NOT include intellectual property owned or managed by Whitworth University.

Yes No

Travel: In the past 12 months have you or a member of your immediate family (including domestic partner) received any sponsored or reimbursed travel from outside entities? For the purposes of this question "outside entities" do not include government (U.S. federal, state, or local) agencies, institutions of higher education, or hospitals, medical centers, or research institutes related to an institution of higher education.

Yes No

If you answered yes to any of the questions, provide detailed explanatory information below (including compensation amounts, other financial interest, travel destinations or any additional pertinent information) about the compensation, equity, roles, intellectual property or travel you or a family member hold rights to or have received. Attach an additional page if necessary.

Reporting for:

Self Family Member (name and relationship): _____

Explanatory Information:

Certification: By submitting this form I am certifying that I have read and understand Whitworth University's policy on Financial Conflict of Interest and have completed this report to the best of my knowledge and belief. If receiving PHS funding, I understand that I must complete training on this policy every four years. If required, I will comply with any conditions or restrictions imposed by Whitworth University to manage any real or perceived conflicts. Should my outside financial or managerial interests, or those of my family, change in a way that results in different answers to any of the questions asked on this form, I agree to submit a revision within 30 days.

Signature

Date

Please send a scanned copy of the signed document to mstoops@whitworth.edu or submit a hard copy of signed form to Office of Sponsored Programs.