

COLGATE UNIVERSITY
DISCLOSURE STATEMENT REGARDING EXTERNAL AFFILIATIONS
for compliance with
POLICY ON INVESTIGATOR FINANCIAL CONFLICT OF INTEREST

Name _____

Department _____

Name of Funding Sponsor _____

Project Title _____

Project Period _____

1. Are you or any member of your immediate family (spouse or dependent children) an officer, director, partner, trustee, employee, advisory board member, or agent of the external organization funding this sponsored project, or of any external organization whose financial interests would reasonably appear to be affected by this sponsored project?

Yes (please describe in detail on an attached sheet the nature and extent of the affiliation)

No

2. Are you or any member of your immediate family (together or separately) the actual or beneficial owner of more than five percent (5%) of the voting stock or controlling interest of the external organization funding this sponsored project, or any external organization from which goods and services will be obtained under this sponsored project, or any external organization whose financial interests would reasonably appear to be affected by the sponsored project?

Yes (please describe in detail on an attached sheet the nature and extent of the affiliation)

No

3. Have you or any member of your immediate family (together or separately) derived income within the past year, or do you or any member of your immediate family (together or separately) anticipate deriving income exceeding \$10,000 per year from the external organization funding this sponsored project, or any external organization from which goods and services will be obtained under this sponsored project, or any external organization whose financial interests would reasonably appear to be affected by the sponsored project?

Yes (please describe in detail on an attached sheet the nature and extent of the affiliation)

No

CERTIFICATION BY FACULTY

- A. I have read and understand the Colgate University Policy on Investigator Conflict of Interest.
- B. To the best of my knowledge, I have made all required financial disclosures.
- C. I agree to comply with any conditions or restrictions imposed by Colgate University for the purpose of managing, reducing, or eliminating actual or potential conflicts of interest in connection with this grant. If I am unable to comply, I understand that the University may decline the grant award.

Signature of Faculty Member _____ **Date** _____

CERTIFICATION BY ASSOCIATE PROVOST

- _____ No financial conflict of interest appears to exist.
- _____ A financial conflict of interest may exist. My recommendation is attached.
- _____ A financial conflict of interest may exist. I will forward my recommendation to the Dean of the Faculty and Provost by _____.

Signature of Associate Provost _____ **Date** _____