



# Cleveland State University

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## Financial Conflict-of-Interest Disclosure Form

**This form must be completed with every proposal submission. In addition, any changes during the award period must also be reported immediately to SPRS.**

All employees, students, collaborators or volunteers involved in the design, conduct or reporting of this proposal must complete this form

<b>Today's Date:</b>		<b>Sponsor:</b>	
<b>Name:</b>		<b>Project Title:</b>	
<b>CSU Email/Phone</b>		<b>Project Role:</b>	

**PART I – Financial Disclosure**

YES	NO	Have you, your dependents, or a member of your immediate family (including domestic partners) received or anticipate receiving, within the next twelve months, personal income or other material interests from a company or organization whose activities could possibly relate in any way to your institutional responsibilities, whether or not they are related to the research proposed in the application? For a complete definition of "Significant Financial Interest" please see page 3 of the Financial Conflict of Interest Policy available at <a href="http://www.csuohio.edu/offices/spr/policies/conflictinterestpolicy/index.html">http://www.csuohio.edu/offices/spr/policies/conflictinterestpolicy/index.html</a> .
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**IF NO, GO TO PART II**

YES	NO	In aggregate, is the total financial relationship with this company > \$ 5,000?
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**IF NO, GO TO PART II**

**Instructions:**

Indicate your current or anticipated financial interest/income by answering each item Yes or No. For each item answered Yes, mark the appropriate dollar amount or estimated value:

INTEREST	No	Yes	Position/Title	Company	<\$5,000	>\$5,000	Ownership Interest (please select)
Serve on an Advisory Board (AB)							
Serve on a Board of Directors (BOD)							
Consulting (other than AB or BOD membership)							
Position in the Entity							
Privately funded Honoraria or Royalties for books or publications							
Gifts							
Privately Reimbursed or Paid Travel							
Stocks (excluding mutual funds)							
Stock Options							
Partnership, warrants, or other ownership interest							
Non-CSU Royalties for Inventions (licensing revenues)							



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### **PART II – Affirmation and Assessment**

In submitting this form, I affirm that the above information is true, accurate and complete to the best of my knowledge; I accept full and personal responsibility for complying with the University policy on Financial Conflict of Interest and I assume full responsibility for updating this disclosure as necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If any of the answers to Part I were **YES**, the signature of your department Chairperson or equivalent supervisory official is required on the line below and the form in section III must be completed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PART III – Administrator Certification (submit only if SFL is disclosed in Section I)**

By signing below, SPRS hereby certifies that the form has been reviewed and has determined that:

	A significant financial interest was disclosed and determined to not be related to the proposed PHS-funded research and a conflict does <b><u>NOT</u></b> exist
	A conflict of significant financial interest exists but will be reduced, eliminated or managed as described below or on the attached sheet

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

M. Therese Kocevar, Director, SPRS

\*If a Financial conflict of interest is identified, a management plan to reduce or eliminate the conflict must be developed and submitted to SPRS so that the University can satisfy the reporting requirements imposed by the federal agency