

Clafin University
Federal Financial Disclosure Form

Provision of the information on this form is required for any individual who has responsibility for the design, conduct, or reporting of a project and a disclosable financial interest related to the work to be conducted under the National Science Foundation, the Public Health Service, or other agencies that have adopted the federal requirements for financial disclosure. The information may be released to sponsoring agency personnel or members of the public. The purpose of collecting this information is to comply with federal regulations and the University policy on Disclosure of Financial Interests Related to Sponsored Projects. Complete one form for each Entity in which you have a financial interest.

This submittal is for (check one)

New Disclosure

Update

Individual Making Disclosure: Name, Last: _____ First: _____ M.I.: _____

School/Division: _____ Department: _____ Phone: _____

Principal Investigator's Name (if different): Last: _____ First: _____ M.I.: _____

Project Title: _____ Award #: _____

Sponsor Type (please check one):

Public Health Service/National Institutes of Health

Department of Education

National Science Foundation

Food and Drug Administration

Department of Energy

Department of Defense

Subcontract from: _____

Other

(Disclosure is required for subcontracted funds originating from PHS/NIH or NSF)

Provide the following information about the related Entity in which you have financial interest

Name of Entity: _____ Principal Business: _____

1. Do you, your spouse or dependent child(ren) hold a position of management, such as board member, director, officer, partner, trustee, employee or consultant with this Entity?

No

Yes - Position: _____

If yes, describe your responsibilities and explain relationship to this project.

2. Do you, your spouse, or dependent child(ren) have equity interest (stock, stock option, real estate, investment, or other ownership) in excess of \$10,000 or 5% ownership in this Entity?

No

Yes - Value exceeds \$10,000

Yes - Amount of equity is 5% or more

The percent owned is: _____

3. Have you, your spouse, or dependent child(ren) received income in excess of \$10,000 from the Entity in the past 12 months? "Income" includes any payment such as salary or services from sources other than Clafin.

No

Yes - Value exceeds \$10,000

If yes, describe the nature of the income or services and explain the relationship to this project.

4. Have you, your spouse or dependent child(ren) been assigned to the Entity rights to a pending application or issued patent to an invention(s), license rights, or copyright for software? Do not include CU-held rights.

No

Yes - The application, patent or license is NOT from the University.

5. Does this proposal include the Entity as a subcontractor, consortium member, supplier of goods, lessor?

No Yes - (Explain)

6. Does or will the Entity manufacture or commercialize any drug, vaccine, device, product, procedure or process that is associated with or that will predictably result from the project?

No Yes - (Explain)

7. Is it reasonable to anticipate that the Entity could be directly and significantly affected by the design, conduct, or reporting of the activity proposed?

No - (Explain) Yes - (Explain)

8. Is it reasonable to anticipate that your financial interest could be directly and significantly affected by the design, conduct, or reporting of the activity proposed?

No - (Explain) Yes - (Explain)

9. Additional Comments -- attach separate sheet if needed.

Certification by individual filing disclosure

I certify that this is a complete disclosure of all financial interests related to this Entity.

Signature

Date

Please submit this disclosure form along with the application to the Sponsored Programs Office, Abernathy House, 865 Goff Avenue, Orangeburg SC. 29115

Retention: Three (3) years after termination of sponsored project or until resolution of any action by the sponsor, whichever is longer.