

Disclosure Form & Questionnaire

The following Disclosure Form must be completed and returned to the Office of Sponsored Programs at 2610 Campus Box. During the year, appropriate information must also be submitted within 15 days of an Investigator's awareness of a new actual or potential Financial Conflict of Interest. By completing and filing this form, you confirm that you have read and understand the University's Financial Conflict of Interest Policy. Note that answering "yes" to any question does not automatically indicate that the situation poses a conflict.

Name (Print): _____

Title: _____

Department: _____ Campus Phone: _____ Date: _____

PLEASE ANSWER ALL QUESTIONS after reading the University Policy on Financial Conflict of Interest.

1. Do you have, or does a member of your family (spouse or dependent children) have, a consulting relationship, executive position, or a Significant Financial Interest in (check all applicable):
 - a) _____ an entity that does or seeks to do business with the University and for which business you are in a position or may be perceived to be in position of influence?
 - b) _____ an entity that markets, produces, or has in pre-market testing a product or service that you in your University work would either evaluate or further develop, or with which the University would compete?
 - c) _____ an entity that supports your teaching and/or research activities (e.g., by providing grant or gift funds, in-kind gifts, or other means)?
 - d) _____ none of the above.

If you have checked a), b), or c), please describe. Include all relevant information such as the amount and/or percentage of equity interest, if applicable.

2. Do you have, or does a member of your family have, any financial or fiduciary interests, relationships, commitments, or activities that present a potential or apparent Financial Conflict of Interest that should be evaluated within the context of the University Policy on Financial Conflicts of Interest? Yes No If you checked "yes," please describe:

3. Do you have, or does a member of your family have, non-University professional or income-producing activities involving University Members (e.g., students, staff, etc.) or other University resources (e.g., facilities, equipment, etc.)? Yes No If you checked "yes," please describe:

4. Within the last three years, have you, or has any member of your family, accepted any gift, favor, or hospitality from any individual or entity doing or seeking to do business with the University that presents or may appear to present a Financial Conflict of Interest? Yes No If you checked "yes," please describe. Include information such as the nature and amount of the gift, favor, or hospitality.

5. Are there any other potential Financial Conflicts of Interest or relationships of which you need to make the University aware, based on the University Policy on Financial Conflicts of Interest? Yes No If you check "yes," please describe:

If you need to supplement your answers or to report a new potential conflict, please submit the information to the Office of Sponsored Programs, 2610 Campus Box or bbruno2@elon.edu

In submitting this form, I acknowledge that I have read the University's Financial Conflict of Interest Policy, and have answered all questions to the best of my knowledge.

Name (Signature): _____ Date: _____

Office of Sponsored Programs

I have reviewed this Disclosure Form and believe that:

_____ no Financial Conflict of Interest exists.

_____ a potential or actual Financial Conflict of Interest exists, the Disclosure Form has been sent to the Provost or his designee for further review.

Name: Bonnie S. Bruno Date: _____

Name (signature): _____

Title: Director of Sponsored Programs

Financial Conflict of Interest Review Committee (only to be completed if OSP and/or Provost determine there is a potential or actual Conflict)

The FCIRC has reviewed the Disclosure Form and believes that:

_____ no Financial Conflict of Interest exists.

_____ a potential or actual Financial Conflict of Interest exists and steps have been taken to resolve the potential or actual Conflict, as outlined in the attached conflict management plan.

Name (Print): _____ Date: _____

Name (signature): _____

Title: _____

Member (only to be completed upon determination that a Conflict exists)

I acknowledge receiving and I accept the current Financial Conflict Management Plan determined by the FCIRC (or if appealed, by the President as appropriate), and dated _____.

Name (Signature): _____.