

## **Financial Conflict of Interest Disclosure Form**

To be used if "yes" was selected on the Significant Financial Interest Form

Name:		Date:	
Title of Project:			
Sponsor (funding agency):			
previou interes	us calendar year for annual disclosures), unless	eld, or held within the past 12 months (or during the s otherwise stated, indicating the amount of the financial This form must be updated within 30 days of acquiring any	
Please <b>depend</b>		elate to the SFIs for you, your spouse, domestic partner, or	
	\$5,000.?	endents: led entity whose value, when aggregated, is in excess of y or payment for services and dollar amounts:	
b)	aggregated, is in excess of \$5,000?  ☐ Yes ☐ No	k options, or other ownership interests) whose value, wher	
c)	such rights) by an entity other than UWG?  — Yes — No	Property Rights (e.g. patents, copyrights, and royalties from ectual property rights, including amount paid:	
d)	Sponsored or reimbursed travel (e.g. travel p  Yes  No  If yes, please describe each instance of spons	oaid on your behalf) sored or reimbursed travel and dollar amount:	

2.	Are you engaged in Government consultantships:		
	□ Yes □ No		
	If yes, please describe all such relationships:		
3.	Have you engaged in an extramural program related to your research with either a government agency or private firm within the past year?		
	☐ Yes ☐ No		
	If yes, indicate the name of each such program and agency/firm:		
4.	Will you, your spouse, domestic partner, or dependents receive any compensation contingent on the outcome of the research?		
	□ Yes □ No		
	If yes, indicate the amount and explanation of source:		
5.	Other: Please list any other item related to potential Financial Conflict of Interest which may be perceived as significantly related to your research. These items may include: compensation for service on a Board of		
	Directors/Trustees; gifts, gratuities or anything on monetary value; loans; etc.		
	□ Yes □ No		
	Please describe, indicate value, and explain how these interests reasonably appear to be related to your institutional responsibilities:		
By signing below I attest that I:			
a)	have read the UWG Financial Conflict of Interest Policy, I have completed the required training, and I agree		
b)	to abide by the terms of the policy. will update this disclosure on an annual basis for the term of my sponsored project, or as any new reportable significant financial interests arise.		
c)	will comply with any management plan deemed necessary to manage/mitigate any real or perceived financial conflict of interest.		
d)	understand the information supplied to the University and Office of Research & Sponsored Projects will be reviewed in confidentially. I also understand that information regarding any financial conflicts of interest may be disclosed to sponsors as required by law, regulation or contract.		
Sig	nature Date		
Please return this form to: pre-award@westga.edu			