

**EAST TENNESSEE STATE UNIVERSITY**

**SIGNIFICANT FINANCIAL INTERESTS DISCLOSURE FORM**

NAME:

DATE:

TITLE:

DEPARTMENT:

DESCRIPTION OF EXTERNAL SPONSORED ACTIVITY:

Name of Sponsoring Agency:

Title of Project:

Proposed Starting Date:

Duration of Project:

Amount of Support Requested:

The following Disclosure Form is designed to accompany East Tennessee State University's Policy on Conflict of Interest. Before completing this form, please read the Policy carefully. Please note that this form asks for information only on activities and holdings that are related to the proposed sponsored project. After disclosure, review, and approval, it is likely that both the project may go forward and the activities and holdings be maintained. Please answer all questions, indicating "none" where appropriate. You may append additional information on separate sheets. Please return this form and any related information in an envelope marked "CONFIDENTIAL" to the Office of Research and Sponsored Programs. All information submitted will be held in confidence and reviewed only as described in the Policy on Conflict of Interest.

**I. RESEARCH ACTIVITIES**

A. Do you currently, or do you expect during the next twelve months to receive support for your research from a business in which you, a member of your family, or an associated entity holds a significant amount of stock or similar ownership interest as defined in the Policy on Conflict of Interest?  
Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, please provide the following information.*

Business providing the sponsored research support:

Description of research and relevant dates:

Amount of research support (in dollars or in kind):

Party holding equity or similar ownership interest if not yourself:

Extent of ownership:

Your relationship to the party with financial interest:

B. Do you currently, or do you expect during the next twelve months to participate in any manner in any research activity on a technology owned by the University assigned to or contractually obligated to a business by license or exercise of option of license, in which you, a member of your family, or an associated entity has a financial interest (e.g. equity, consulting income, compensation for Board membership, etc.) other than receipt of royalty income through the University?  
Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, please provide the following information.*

Description of technology:

Party with financial interest if not yourself:

Your relationship to the party with financial interest:

Nature and extent of financial interest (e.g. equity, consulting income, salary, etc.):

C. Do you currently, or do you expect during the next twelve months to participate in any manner in research related to a technology which you or a member of your family, or an associated entity developed outside of the University? Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, please provide the following information.*

Description of technology:

Your relationship to the inventor if not yourself:

Licensee, if any, of the technology:

D. Do you currently, or do you expect in the next twelve months to assign to any students, postdoctoral fellows or other trainees to projects sponsored by a business in which you, a member of your family, or an associated entity has financial interest? Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, please provide the following information.*

Name of students, fellows, or other trainees:

Name of business providing research support:

Description of research activity and relevant dates:

Party with financial interest if not yourself:

Your relationship to the party with financial interest:

Nature and extent of financial interest (e.g. equity, consulting income, salary, etc.):

**II. CONSULTING ACTIVITIES**

Do you currently consult or receive any form of compensation pertaining to services or contracts between any business and the University which may impact on decisions affecting the sponsored research?

Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, please provide the following information.*

Name of business(es):

For profit:

Not-for-profit:

Your titles/duties:

Nature of contract or services between the business and the University:

Estimated annual compensation\*:

*\*If compensation is not received in dollars, but rather in some other form such as equipment, stock, stock options, or any similar ownership interest, please indicate and include an estimated dollar-range of such compensation and the basis for such valuation.*

**III. REFERRAL ACTIVITIES**

As a faculty or staff member, are you in a position to make referrals of University activities to any business in which you, a member of your family, or an associated entity has a financial interest?

Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, please provide the following information.*

Name of business(es);

For profit:

Not-for-profit:

Description of business (e.g. consulting, testing facility, etc.):

Party with financial interest if not yourself:

Your relationship to the party with financial interest:

Nature and extent of financial interest (e.g. equity, consulting income, salary, etc.):

**IV. BOARD MEMBERSHIPS**

Do you serve as a member of a board of an organization and engage in decision making which may have an impact\* on the sponsored research? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please provide the following information.*

Name of organization:

For profit:

Not-for-profit:

Scientific advisory board:

Board of Directors:

Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Other responsibilities (please specify):

Do you or a family member or an associated entity receive research support, whether in dollars or in kind, from any of the organizations listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please list and explain.*

*\*An example of impact would be decisions that might affect experimental design or timely release of data to the public.*

**V. GENERAL**

Are there any other related matters of which you wish to make the University aware?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please explain.*

I have answered this questionnaire to the best of my ability and will promptly file an update in the event of changes.

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

Printed Name \_\_\_\_\_