

DISCLOSURE OF INTERESTS
RELATED TO SPONSORED PROJECTS

Investigator's Name: _____ Department: _____

Project Title: _____

Project Sponsor: _____

Project Period: _____

Your Position on Project: _____ PI _____ Co-PI _____ Other (Specify): _____

Please respond to the following statements.

- I am/my spouse/child is an officer, director, partner, trustee, employee, advisory board member, or agent of the organization funding this sponsored project or of an organization from which goods/services will be obtained under the sponsored project.
_____ no _____ yes (If so, describe in detail the nature and extent of affiliation on an attached sheet).
- I am/my spouse/dependent child is the owner of five percent (5%) or more of equity or ownership interest in the organization funding this sponsored project or of an organization from which goods/services will be obtained under this sponsored project.
_____ no _____ yes (If so, describe in detail the nature and extent of equity interest on an attached sheet).
- I/my spouse/dependent child derive (or anticipate) income exceeding \$10,000 per year (when aggregated for all deriving income) from the organization funding this sponsored project or from an organization from which goods/services will be obtained under this sponsored project **exclusive of the current request**.
_____ no _____ yes (If so, describe income in detail on an attached sheet).
- I am involved with transferring University developed technology through patents or licensing to the organization funding this sponsored project or to an external organization from which goods/services will be obtained under this sponsored project.
_____ no _____ yes (If so, describe in detail on an attached sheet).
- An extended family member of mine holds an executive position, equity or ownership interest of ten percent (10%) or more in the organization funding this sponsored project or in an organization from which goods/services will be obtained under this sponsored project.
_____ no _____ yes (If so, describe relationship and details on an attached sheet).

CERTIFICATION: I have read and understand the John Carroll University Policy On Conflicts Of Interest Related To Sponsored Projects. The information I have provided is a complete listing of all interests related to the sponsored project.

Signature of Investigator _____ Date _____

REVIEWING OFFICIAL'S ACTION:

_____ No further review required _____ Further review required

Signature of Reviewing Official: _____ Date _____

Title of Reviewing Official: _____