

**MONMOUTH UNIVERSITY OFFICE OF GRANTS AND CONTRACTS
FINANCIAL CONFLICT OF INTEREST ANNUAL DISCLOSURE FORM**

This Disclosure Form must be completed and filed by all Investigators prior to submitting proposals to federal agencies. An Investigator means a project directors, principal investigator, co-principal investigator, or any other person, regardless of title or position, who is responsible for the design, conduct or reporting of research or educational activities federally funded or proposed for funding, which may include collaborators or consultants.

I. General Information

Name of Investigator:		Date:
Title:		Department:
Email:		Office Number:
Project Begin Date:		Project End Date:
Sponsor:		
Project Title:		

II. Monmouth University Code of Ethics for Students and Employees

A. Do you perceive any risk or conflict of interest, or serious appearance of a conflict of interest in your research activities that would be an actual or perceived violation of Monmouth University’s Code of Ethics for Students & Employees? (A copy of the policy can be found at http://www.monmouth.edu/resources/general_counsel/ethics.asp)

Yes No

B. If yes, please provide a brief analysis and description of the actual or potential conflict of interest. _____

III. Significant Financial Conflict of Interest

A. During the twelve (12) months preceding the date of this disclosure form, did you, your spouse, domestic partner and/or dependent children, alone or in combination, receive any remuneration and/or the value of any equity interest in a **publicly traded entity** when aggregated which **exceeds \$5,000.00**? [**Remuneration** includes salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship). **Equity interest**

includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value]

Yes **No**

If “**Yes**”, please complete the attached Investigator’s Financial Conflict of Interest Detailed Disclosure Supplement Form.

B. During the twelve (12) months preceding the date of this disclosure form, did you, your spouse, domestic partner and/or dependent children, alone or in combination, receive any remuneration and/or the value of any equity interest in a **non-publicly traded entity** when aggregated which **exceeds \$5,000.00**? [e.g., stocks, stock options, or other ownership interests]

Yes **No**

If “**Yes**”, please complete the attached Investigator’s Financial Conflict of Interest Detailed Disclosure Supplement Form.

C. During the twelve (12) months preceding the date of this disclosure form, did you, your spouse, domestic partner and/or dependent children, alone or in combination, receive any income related to intellectual property rights and/or interests? [e.g., patents, copyrights, royalty payments]

Yes **No**

If “**Yes**”, please complete the attached Investigator’s Financial Conflict of Interest Detailed Disclosure Supplement Form.

IV. Sponsored Travel

A. During the twelve (12) months preceding the date of this disclosure form, did you receive a payment (either as an advance or reimbursement for travel (transportation, lodging, or meals) from either a for-profit organization or a non-university non-profit organization, or were the costs of travel (alone or together with lodging and/or meals) paid directly for you by any such agency? [Excluded from non-profit organizations are federal, state or local government agencies, an Institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education]

Yes **No**

If “Yes”, please complete the attached Investigator’s Financial Conflict of Interest Detailed Disclosure Supplement Form.

V. Certification

Please initial all of the following:

_____ I acknowledge that I have received, read and understand Monmouth University’s Policy and Procedures regarding by Financial Conflict of Interest and Objectivity in Research Policy and Procedures and agree to abide by and comply with such Policy and Procedures.

_____ In submitting this form and disclosure attachments, if required, I certify that the information is true to the best of my knowledge.

_____ I supply this information for confidential review by Monmouth University, and for such other limited purposes as required by law, regulation or contract.

_____ I understand and agree that if there is a material change (an acquisition of a significant financial interest) to this information, I must submit a new disclosure and attachment within 30 days of that change.

_____ I also agree to comply with any conditions or restrictions imposed by Monmouth University to manage, reduce or eliminate actual or potential conflicts of interest or possibly forfeit the award.

_____ If necessary, I agree to comply with and have a fully executed conflict management plan in place prior to expenditure of any sponsored project finds.

Signature

Date: _____

*If you have any questions regarding this form, please contact the Office of Grants and Contracts at 732-263-5529.