

**MONMOUTH UNIVERSITY OFFICE OF GRANTS AND CONTRACTS  
FINANCIAL CONFLICT OF INTEREST INVESTIGATOR'S DETAILED  
DISCLOSURE SUPPLEMENT FORM**

**Instructions:** This form must be completed by Investigators who have disclosed that they have a significant financial conflict of interest. Please use additional copies of this Supplement Form as necessary to include all entities with which the Investigator, the Investigator's spouse/domestic partner and/or dependent children have significant financial interests.

Please provide a copy of any applicable consulting agreement or stock purchase agreement. This form and any related attachments, once completed, contain confidential personal information, and shall be treated as sensitive and any company proprietary or confidential information shall be likewise treated with care.

**I. General Information**

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

**II. Responsibilities at Monmouth University/Institution**

Please provide the following information:

A. Please describe your role(s) and responsibilities at Monmouth University (or your Institution if you are not a Monmouth University employee):

---



---

B. As part of your responsibilities at Monmouth University/Institution, please check off any obligations you are responsible for:

- Research Consultation   
  Teaching Classes   
  Institutional Review Board Member  
 Institutional Animal Care and Use Committee Member   
  Research  
 Professional Practice   
  Other bodies monitoring the conduct of research

### III. Significant Financial Interests

For each Significant Financial Interest, Investigator must provide the following information:

A. What is the name of the external entity in which you and/or your family member(s) have a significant financial interest? (If more than one entity is involved, please complete a separate attachment form for each entity.) \_\_\_\_\_

B. Entity Type

- Non-profit             For-profit (publicly owned)             For-profit (privately-held)  
 Governmental         Unknown                                     Not applicable

C. What is the primary business of this entity? \_\_\_\_\_

D. What position do you and/or your family member(s) hold with this entity (e.g., shareholder, director, officer, employee)? \_\_\_\_\_

E. (a) What is the nature of the work that you and/or your family member(s) perform for this entity? \_\_\_\_\_

(b) Do you and/or your family member(s) have a written employment agreement with this entity?

- Yes**                     **No**

F. How is the work you and/or your family member(s) perform for this entity similar to or different than the focus of your University research or sponsored program? \_\_\_\_\_

G. Check all of the following relationships that this entity has with Monmouth University:

- Research Collaborator             Vendor                                     Donor (Gift)  
 Employs MU Graduate Students    Unknown                                     None  
 Other (please describe): \_\_\_\_\_

H. (a) Are any Monmouth University resources (e.g., equipment, facilities, employees) used on behalf of the entity?

**Yes**                       **No**

(b) If yes, is there a written agreement between Monmouth University and the entity to manage their use?

**Yes**                       **No**

(c) If yes, what resources are used? \_\_\_\_\_

I. (a) Is the financial interest derived from royalties or licensing fees?

**Yes**                       **No**

If yes, please describe the intellectual property to which these interests are related: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(b) Is there or will there be a MU licensing agreement associated with this interest?

**Yes**                       **No**

J. With respect to your Monmouth University sponsored research or sponsored program:

(a) Do you collaborate with family members?

**Yes**                       **No**

(b) Are there any family members paid through your award?

**Yes**                       **No**

If "Yes" to either, please provide their names and their relationship to you:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

K. Do you have a Monmouth University Management Plan in place for this financial interest with this entity?

**Yes**                       **No**

L. Please explain what steps you and your family members take or propose to take to manage, reduce, eliminate potential or actual financial conflict of interest with this entity:

---

---

---

---

**IV. Sponsored Travel**

[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]

A. Past Travel (twelve (12) months preceding the date of this disclosure form)

(a) Name of Entity: \_\_\_\_\_

(b) Destination: \_\_\_\_\_

(c) Duration: \_\_\_\_\_

(d) Purpose of Trip: \_\_\_\_\_

(e) Was lodging provided?

**Yes**                       **No**

(f) Were meals provided?

**Yes**                       **No**

A. Planned Travel (upcoming twelve (12) months from the date of this disclosure form)

(a) Name of Entity: \_\_\_\_\_

(b) Destination: \_\_\_\_\_

(c) Duration: \_\_\_\_\_

(d) Purpose of Trip: \_\_\_\_\_

(e) Will lodging be provided?

**Yes**                       **No**

(f) Will meals be provided?

**Yes**                       **No**

**V. Certification**

I certify under penalty of perjury that this is a complete disclosure of all of my significant financial interests related to my institutional responsibilities and I have used all reasonable diligence in preparing this Financial Conflict of Interest Detailed Disclosure Form, and to the best of my knowledge, it is true and complete. I also acknowledge that by signing my name below that it is my responsibility to disclose, within 30 days, any new significant financial interests obtained during the term of the proposed project.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\*If you have any questions regarding this form, please contact the Director of the Office of Grants and Contracts at 732-571-4491.