**Wittenberg University Form**

Significant Financial Interest Disclosure Form

This Disclosure Form is to be completed by each Investigator pursuant to the Wittenberg University Policy on Conflict of Interest for Sponsored Projects. Please refer to that Policy for detailed requirements and definitions. All Investigators must complete this form and submit it to the Provost’s Office.

For all Investigators, please sign below:

I have ***received and reviewed*** Wittenberg University’s Conflict of Interest Policy for Sponsored Projects.

Signature of Investigator Date

**Part I. Project Title:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Part II. Project Director/Principal Investigator or Contact PD/PI if a multiple PD/PI model is used:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Part III. Name of Investigator making this report about his/her financial interest(s):**

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**Part IV.**

**Check for which of the following you are submitting:**

**A.** \_\_\_\_\_\_ Initial Disclosure Form: Pre-award application for a Sponsored Project

**B.** \_\_\_\_\_\_ Update Disclosure Form: Within 30 days discovering or acquiring a new Significant Financial Interest during a Sponsored Project award

**C. \_\_\_\_\_\_** For Public Health Services-funded research only: Annual update of Significant Financial Interest

**Part V.**

**Indicate whether you, the Investigator, have any Significant Financial Interests related to the work to be conducted under the Sponsored Project(s):**

**A.** \_\_\_\_\_\_\_I have no Significant Financial Interest as that term is defined in the Policy (stop here; submit the Disclosure Form to the Provost’s Office).

**B.** \_\_\_\_\_\_\_I do have Significant Financial Interest(s) to report (continue to Part VI and complete the rest of this Disclosure Form)

**Part VI. Complete for each Significant Financial Interest (use additional pages if necessary):**

**A.** Provide the name of each entity in which the Investigator has a Significant Financial Interest:

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**B.** Provide the nature of the financial interest (for example, equity, consulting fee, travel reimbursement, or honorarium):

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**C.** Indicate the value (dollar amount) of the Significant Financial Interest:

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**D.** For Reimbursed or Sponsored Travel required to be reported by the Policy, indicate all of the following:

 **1.** The purpose of the trip:

 **2.** The identity of the sponsor/organizer:

 **3.** The destination:

 **4.** The duration:

**E.** Describe how the Significant Financial Interest relates to the Sponsored Project:

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**F.** Do you believe that the sponsored project(s) for which you are an Investigator could directly and significantly affect the Significant Financial Interest(s) you are reporting?

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**Part VII. For further information about the Policy and how to complete this information, please contact the Provost’s Office.**

Only sign below if you filled out the sections on your Significant Financial Interest:

Signature of Investigator with Significant Financial Interest Date