



Western Michigan University Significant Financial Interest Disclosure:

Applicable to all Sponsored Project Proposals

Name

Project Role: PI, Co-PI or other roll (title)

College

Department or Unit

Project Title

Sponsor

Instructions: Please indicate with a check (✓) yes or no to items 1 and 2 as appropriate. Collect signatures. Return completed form to the [ORI Research Program Officer](#) for your department.

1. I am disclosing the following significant financial interests related to this project and held by my spouse, dependent child(ren), or myself:

No, I have nothing to disclose.

Yes, as indicated below:

Salary or other payments for services (e.g., consulting fees or honoraria)

Equity interests (e.g., stocks, stock options, or other ownership interests)

Intellectual property rights (e.g., patents, copyrights, and royalties from such rights)

Travel --- any reimbursed or sponsored travel except federal agencies, etc.

Other significant financial interest of the investigator that possibly could affect or be perceived to affect the results of the research or educational activities funded or proposed for funding.

2. I am attaching supporting documentation (in an envelope marked *confidential*) that identifies the business enterprise or entity involved and the nature and amount of the interest:

No

Yes

3. I agree:

- to update this disclosure during the period of the award, either on an annual basis, or as new reportable significant financial interests are obtained;
- to cooperate in the development of a memorandum of understanding that constitutes a conflict of interest “resolution plan” if so required;
- to comply with any conditions or restrictions imposed by the University to manage, reduce, or eliminate conflicts of interest or forfeit the award.

Signed

Date

Endorsements

I have reviewed the significant financial interest disclosure and believe that it will be possible to develop and execute, prior to the institution's expenditure of any funds under the award, a memorandum of understanding to manage, reduce, or eliminate any conflict of interest; and, therefore, I recommend that the proposal be submitted to the agency at this time.

Chair/Director Name

Chair/Director Signature

Date

Dean or Associate Dean Name

Dean or Associate Dean Signature

Date

Return completed form to the [ORI Research Program Officer](#) for your department.