

UNIVERSITY OF RICHMOND

**DISCLOSURE STATEMENT
REGARDING EXTERNAL AFFILIATIONS**

**for compliance with
POLICY ON INVESTIGATOR FINANCIAL CONFLICT OF INTEREST**

NAME _____

DEPARTMENT _____

TITLE OF SPONSORED PROJECT _____

NAME OF FUNDING SPONSOR _____

PROJECT PERIOD _____

1. Are you or any member of your immediate family (spouse or dependent children) an officer, director, partner, trustee, employee, advisory board member, or agent of the external organization funding this sponsored project, or of any organization from which goods and services will be obtained under the sponsored project, or of any external organization whose financial interests would reasonably appear to be affected by the sponsored project?

_____ Yes (If so, describe in detail the nature and extent of affiliation on an attached sheet.)

_____ No

2. Are you or any member of your immediate family (together or separately) the actual or beneficial owner of more than five percent (5%) of the voting stock or controlling interest of the external organization funding this sponsored project, or any external organization from which goods and services will be obtained under this sponsored project, or any external organization whose financial interests would reasonably appear to be affected by the sponsored project?

_____ Yes (If so, describe in detail the nature and extent of the equity interest on an attached sheet.)

_____ No

3. Have you or any member of your immediate family (together or separately) derived income within the past year or do you or any member of your immediate family (together or separately) anticipate deriving income exceeding \$5,000 per year from the external organization funding this sponsored project, or any external organization from which goods and services will be obtained under this sponsored project, or any external

organization whose financial interests would reasonably appear to be affected by the sponsored project?

- _____ Yes (If so, describe on an attached page the amount of the income and the reason for which it was or will be derived.)
_____ No

CERTIFICATION BY FACULTY/STAFF MEMBER:

- A. I have read and understand the University of Richmond Interim Policy on Investigator Conflict of Interest.
- B. To the best of my knowledge, I have made all required financial disclosures.
- C. I agree to comply with any conditions or restrictions imposed by the University of Richmond for the purpose of managing, reducing or eliminating actual or potential conflicts of interest in connection with this grant. If I am unable to comply, I understand that the University may decline the grant award.
- D. I agree to notify FCGR within 30 days of discovering or acquiring any new Significant Financial Interest; and
- E. I agree to update my financial disclosures annually within the period of the award, beginning with the anniversary date of the original disclosure.

Signature of Faculty/Staff Member _____

Date _____

CERTIFICATION BY FCGR STAFF MEMBER _____

_____ No financial conflict of interest appears to exist.

_____ A financial conflict of interest may exist. My recommendation is attached.

_____ A financial conflict of interest may exist. I will forward my recommendation to the Executive Vice President & Provost by _____.
(Date)

Signature of FCGR Staff Member: _____

Date _____