



**CONFLICT OF INTEREST DISCLOSURE STATEMENT**

The purpose of this document is to assist in the identification of potential conflicts of interest and to determine whether additional restrictions, oversight, or other conditions exist prior to the University's acceptance or disbursement of funds of a sponsored award or the completion of a technology transfer agreement.

Federal  Non-Federal PeopleSoft Project. ID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

School/College: \_\_\_\_\_ Phone: \_\_\_\_\_

Proposal Title: \_\_\_\_\_

Provide the following information about the **related** entity in which you have a financial interest. Please type or print legibly

Name of Entity/Sponsor: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I. DESCRIPTION OF FINANCIAL INTERESTS: Please Note:** If more space is required for further explanations, please attach a separate page(s)

**A. Management:**

1. Do you, your spouse, or a dependent child(ren) hold a position of management or employment with this sponsor/entity?

- No  Yes If yes, please specify below:
- Director  Partner  Member, Board of Directors  Employee
- Trustee  Officer  Member, Scientific Advisory Board  Other

2. Describe the responsibilities of your or their position(s) with the sponsor/entity and how it relates to the project to be funded by, or license/option agreement to be held by, the sponsor/entity.

**B. Consulting:**

1. Are you a consultant with this sponsor/entity?  No  Yes If yes, please answer questions 3, 4 and 5.

2. Do you plan to be a consultant with this sponsor/entity?  No  Yes If yes, please explain. \_\_\_\_\_

3. Do you have a written consulting agreement with the sponsor/entity (non-University agreement)?  No  Yes

4. Please describe in detail the frequency and nature of your consulting activities and how the consulting duties are separate from the scope of work of the proposed research. \_\_\_\_\_

5. Will the terms of your consulting agreement in any way restrict the release of information or other dissemination of research results by faculty/researchers involved in the project?  No  Yes

If yes, please explain.

\_\_\_\_\_

**C. Income/Consideration:**

1. Excluding gifts, contracts or grants administered by Howard University, have you, your spouse or dependent child(ren) received income or anything else of value from the sponsor/entity in the past 12 months?  No  Yes  
If yes, please specify : \_\_\_\_\_

What is the monetary value range of what you will receive from the sponsor/entity?:

non- monetary compensation (e.g., airline tickets)  Below \$10,000  Above \$10,000

Will you receive this value as  Consulting fees  Honoraria  Salary  Other (e.g., expert witness fees)

2. Have you loaned money to or borrowed money from the sponsor/entity?  No  Yes

If yes, please provide the amount of the loan and explain the arrangements

3. Will you receive a royalty through the University under a license from the University to the sponsor/entity?  No  Yes

If yes, please describe and provide the University's Office of the General Counsel file number describing the licensed invention

**D. Equity:**

1. Do you, your spouse, or a dependent child(ren) currently or plan to hold an equity interest in this sponsor/entity?

No  Yes If yes, please answer questions 2, 3 and 4.

2. Please indicate what percentage of the total company shares you hold or will hold: \_\_\_\_\_ %

3. What is the nature of this equity interest?  Bonds  Stocks-Stock Options  Convertible security  Other:

4. What is the value of this equity interest?  Below \$10,000  Above \$10,000

Please note: If the stock is not publicly traded, please provide an internal estimate of value: \$ \_\_\_\_\_

**II. RELATIONSHIP WITH ENTITY:**

**A. Direct and Significant Impact on Financial Interests:**

1. Is sponsor/entity a subcontractor, consortium member, supplier of goods or services, or lessor involved with the proposed project?  No  Yes If yes, please explain. \_\_\_\_\_

2. Does the sponsor/entity manufacture or commercialize any device, vaccine, procedure, drug or any product associated with this research?  No  Yes If yes, please explain

3. Will the project purchase/lease any device/material/service from the sponsor/entity?

No  Yes If yes, please provide name and approximate cost: \$ \_\_\_\_\_

4. Is it reasonable to anticipate that the sponsor/entity will or could be directly and significantly affected by the design, conduct or reporting of the proposed research activity or license?  No  Yes If yes, please explain. \_\_\_\_\_

5. Is the sponsor/entity a non-profit organization?  No  Yes If yes, please answer questions A and B and explain.

A. Do you have a financial interest in the company(ies) that is (are) providing funds to this non-profit organization?

No  Yes

B. If the non-profit organization is primarily a vehicle for one or two companies or a closely cooperating group of businesses, please explain (you may provide a website showing the relationship between the non-profit organization and its corporate supporters or members) \_\_\_\_\_

**B. Separation of University and Outside Interests:**

1. How will you keep your interests and obligations to the sponsor/entity separate from your University activity?

Please explain. \_\_\_\_\_

2. Were you part of a formal committee/body that made the decision which led to the project award or the license agreement?

No If no, and you were present when the decision was made, please provide **either** a written statement or a copy of the meeting minutes.

Yes If yes, please explain

3. Is the sponsor/entity providing any proprietary data, materials or equipment?

No  Yes If yes, please explain what control on access to the research will be necessary.

4. Does the sponsor/entity participate in deciding the direction of the research?

No  Yes

If yes, please explain what role the entity will play.

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**C. Use of University Resources and Facilities:**

1. Where will the sponsored research be conducted? \_\_\_\_\_

2. Will any of the research be conducted in the sponsor/entity's facilities?

No  Yes If yes, please indicate how many hours per week will be spent in the entity's facilities?

3. Will sponsor/entity employees or consultants use any University facilities to conduct their portion of the research?

No  Yes If yes, please explain.

4. Will any of the sponsor/entity's personnel work on the research?  No  Yes If yes, please explain in what capacity.

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**D. Licensing:**

1. **For non-governmental sponsored projects.** Will the contract or grant that will fund this research require the granting of an exclusive license or option to the entity

No  Yes, and it is described in a University research agreement or clinical trial agreement. Please explain.

2. Does the sponsor/entity currently hold rights, or is it negotiating rights, to a pending application or issued patent to an invention(s), license rights or software copyright for which you, your spouse or dependent child(ren) are listed as inventors?

No  Yes, the sponsor/entity holds a license(s) from the University.  Yes, the sponsor/entity is negotiating a license.

Yes, however the University assigned the invention(s) to me.  Yes, but the application, patent, license or copyright did not arise from my employment by the University.

3. Are there any other University employees listed as inventors that also hold equity in the sponsor/entity?

No  Yes If yes, please explain.

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**E. Protection of Human and Animal Subjects:**

1. Does this project involve:

Human Subjects  No  Yes. If yes, please indicate IRB number: \_\_\_\_\_

Animal Subjects  No  Yes. If yes, please indicate IACUC number: \_\_\_\_\_

2. Are you involved in recruiting and/or obtaining consent of human subjects to participate in this study?  No  Yes

3. Will the sponsor/entity provide a drug device, vaccine, or procedure for use in the protocol?  No  Yes

4. Are you the inventor of any drug, device, vaccine or procedure associated with this protocol?  No  Yes If yes, please explain what is the name of the drug, device, vaccine or procedure.

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**III. CERTIFICATION & ASSURANCE :**  
**Investigator/Faculty/Staff Assurance:**

I agree to update this disclosure for this activity on either an annual basis or as new reportable significant financial interests are acquired.

I have informed all individuals involved with this project, including coinvestigators, subcontractors, subgrantees, students, and staff of their obligation to comply with the President's directive on Conflict of Interest in Research Funded as required by federal regulations and the University Conflict of Interest Policy.

I agree to comply with any conditions or restrictions imposed by the University to manage, reduce, or eliminate any conflicts of interest that may be identified through the University's procedure.

**I certify that this is a complete disclosure of all financial interests related to the specified project. I have used all reasonable diligence in preparing this Conflict of Interest Disclosure Statement and to the best of my knowledge it is true and complete.**

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