



WHITMAN COLLEGE

Financial Conflict of Interest Disclosure Form

In accordance with Whitman College's Financial Conflict of Interest policy, all investigators and designated personnel must submit this FCOI Disclosure form as follows:

- 1) Prior to submission of a proposal to the designated external funding agency.
- 2) Annually: investigators and designated personnel shall complete an FCOI Disclosure Form once a year, upon request.
- 3) Within 30 days of acquiring or discovering any new reportable significant financial interests.
- 4) Investigators joining the College who are conducting research sponsored by the agencies to which this policy applies will provide all necessary disclosures within 30 days.

Please note that the existence of a significant financial interest and any resulting financial conflict(s) is not prohibited in and of itself, but such conflicts must be disclosed to the College and managed appropriately.

Investigator Name: _____

Email address: _____

Department: _____

Funding Agency: _____

Funding Agency Program: _____

Project Title: _____

Type of Proposal/Disclosure:

- New Proposal
- Annual Reporting/Non-Competing Continuation
- Renewal/Competing Continuation
- Supplemental Funding
- No-Cost Extension

New Investigator added to Project

Change of Grantee Institution

STEP 1: RESEARCH PROJECT SPECIFIC DISCLOSURES

Please complete Sections A through E.

For the purpose of this disclosure form, "Institutional Responsibilities" means an Investigator's professional responsibilities on behalf of Whitman, which include teaching, research, research consultation, Institutional committee memberships, and other service.

A. Non-Publicly Traded Entity: Income

Have you, your spouse or registered domestic partner, and/or dependent children received income or other payment for services, in the past 12 months, exceeding \$5,000, when aggregated, from any non-publicly traded entity for activities such as consulting, expert witness, advisory board membership, and/or the like? (This does not include income from seminars, lectures, or teaching engagements sponsored by a U.S. federal, state, or local government agency, a U.S. institution of higher education or an affiliated research institute, an academic teaching hospital, or a medical center.)

YES NO

B. Non-Publicly Traded Entity: Equity Interests

Do you, your spouse or registered domestic partner, and/or dependent children currently own, or have acquired in the past 12 months, any equity interest in any non-publicly traded entity related to your institutional responsibilities valued at more than \$5,000? (This can include any stock, stock option or other ownership interest.)

YES NO

C. Publicly Traded Entity

Income and Equity Interests:

Have you, your spouse or registered domestic partner, and/or dependent children received income or payment for services in the past 12 months or own equity interest in any publicly traded entity related to your institutional responsibilities exceeding \$5,000 when aggregated? (This does not include interests in mutual funds and retirement funds in which you do not directly control investment decisions.)

YES NO

D. Intellectual Property

Intellectual Property Rights and Interests:

Have you, your spouse or registered domestic partner, and/or dependent children received any payments, in the past 12 months, for any intellectual property rights and interests (e.g., patents, copyrights, assigned or licensed to a party. Do NOT include intellectual property owned or managed by Whitman College) exceeding \$5,000 related to your institutional responsibilities?

___YES ___NO

E. Travel Reimbursement/Sponsorship

Have you, your spouse or registered domestic partner, and/or dependent children received any travel reimbursement or been sponsored for travel (i.e., travel expenses paid on behalf of Investigator and not reimbursed to Investigator) in excess of \$5,000, when aggregated, per entity in the 12 months prior to disclosure, by any entity related to your institutional responsibilities? (This does not include travel sponsored or reimbursed by a U.S. federal, state, or local government agency, a U.S. institution of higher education or an affiliated research institute, an academic teaching hospital, or a medical center.)

___YES ___NO

STEP 2: ACKNOWLEDGEMENT & CERTIFICATION

By submitting this form I certify that all of the information contained herein is true, accurate and complete to the best of my knowledge. I have read, understand and agree to comply with the College's policy regarding Financial Conflict of Interest.

I acknowledge that by signing my name below that it is my responsibility to disclose within 30 days of discovering or acquiring (e.g. through purchases, marriage, or inheritance) a new Significant Financial Interest. I am aware that I will be required to complete training on this policy every four years, and that I will be required to complete this form every 12 months through the duration of the grant. If required, I will comply with any conditions or restrictions imposed by Whitman College to manage any real or perceived conflicts.

Signature: _____

Printed Name: _____

Date: _____