DISCLOSURE OF FINANCIAL INTERESTS

RU ID. ____

RELATED TO SPONSORED PROJECTS

REGIS UNIVERSITY OFFICE OF ACADEMIC GRANTS

This Form is only required when a financial conflict of interest exist	ts
Name	
Sponsor	
Project Title	
Account Number (if available)	
Your Position on Project (PI) (Co PI) Other (specify)	
(Yes) (No) Do you, your spouse, or dependent children and awardees seeking or receiving funding from a Public Health Service Foundation) are subject to the university's Financial Conflict of InterGrants (OAG) site. Applicants and awardees seeking or receiving funding Conflict of Interest Policy.l	e agency (e.g., National Institutes of Health, National Science rest Policy which can be found on the Office of Academic
If you checked "Yes," for each entity in which you, your spouse, or yo complete the form entitled "Disclosure of Financial Interest," available	
I certify that attached is a complete list of all entities in which I have a smay be shared for University purposes and in accordance with University	
Signature	Date
DIRECTOR OF OFFICE OF ACADEMIC GRANTS	
(Date Received) (Date Delivered to Regis	Responsible Authority)
Don Bridger, Director, Office of Academic Grants	
RESEARCH INTEGRITY OFFICER	
(Date Received)	
Date Regis University Research Integrity Officer (RIO)	
Regis Oniversity Research integrity Officer (RIO)	