

**DISCLOSURE OF FINANCIAL INTERESTS**  
**RELATED TO SPONSORED PROJECTS**  
REGIS UNIVERSITY OFFICE OF ACADEMIC GRANTS

RU ID. \_\_\_\_\_

**This Form is only required when a financial conflict of interest exists**

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, have any Significant Financial Interests? All applicants and awardees seeking or receiving funding from a Public Health Service agency (e.g., National Institutes of Health, National Science Foundation ...) are subject to the university's Financial Conflict of Interest Policy which can be found on the Office of Academic Grants (OAG) site. Applicants and awardees seeking or receiving funding from another sponsor must follow the Regis University Conflict of Interest Policy.<sup>1</sup>

**If you checked "Yes,"** for each entity in which you, your spouse, or your dependent children have a Significant Financial Interest, complete the form entitled "Disclosure of Financial Interest," available in the Office of Academic Grants or on their website.

I certify that attached is a complete list of all entities in which I have a significant financial interest. I understand that this disclosure may be shared for University purposes and in accordance with University policy.

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

**DIRECTOR OF OFFICE OF ACADEMIC GRANTS**

(\_\_\_\_\_ Date Received) (\_\_\_\_\_ Date Delivered to Regis Responsible Authority)

\_\_\_\_\_  
Date \_\_\_\_\_  
Director, Office of Academic Grants

**RESEARCH INTEGRITY OFFICER**

(\_\_\_\_\_ Date Received)

\_\_\_\_\_  
Date \_\_\_\_\_  
Regis University Research Integrity Officer (RIO)