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.

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)